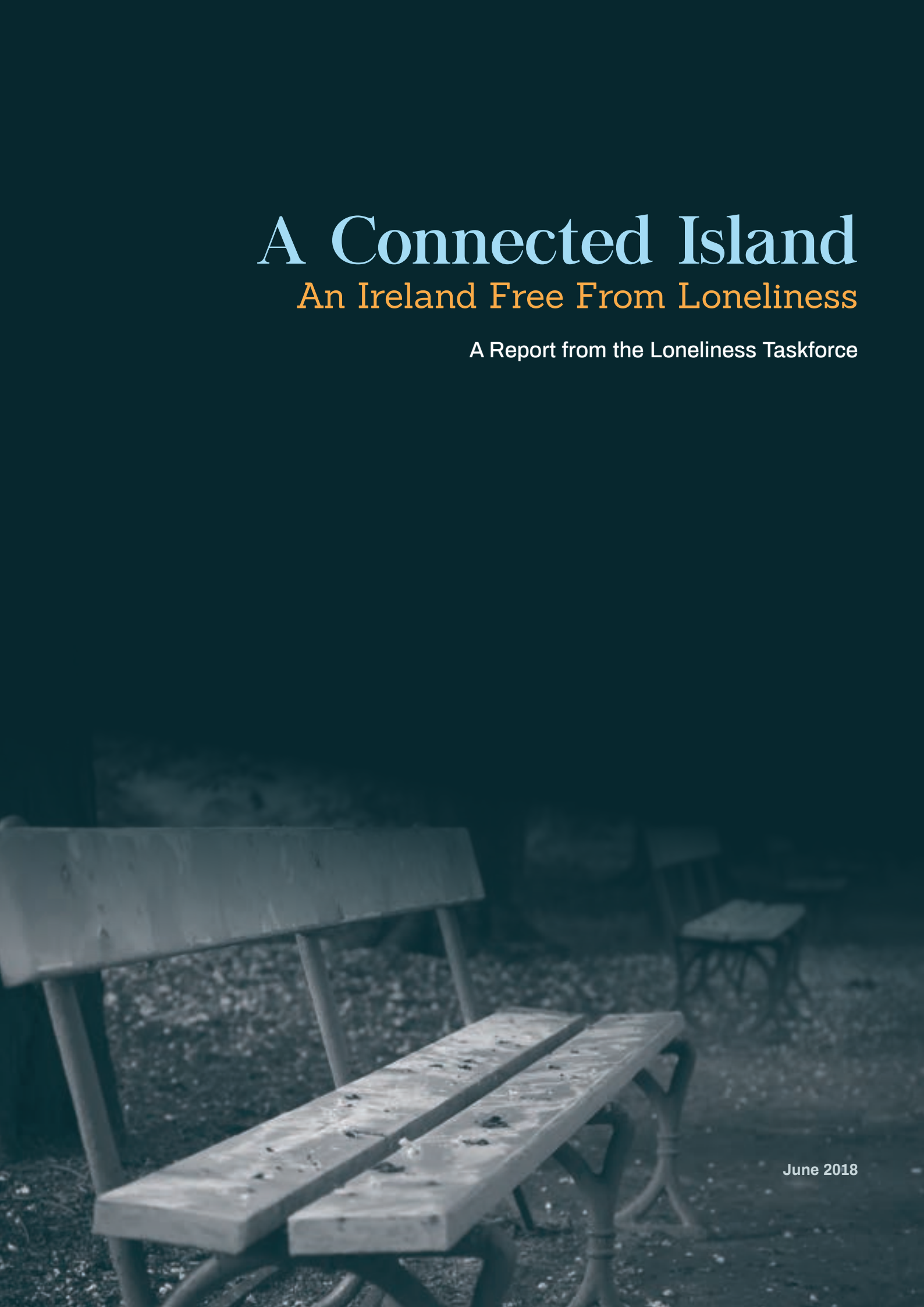
A Connected Island

An Ireland Free From Loneliness

A Report from the Loneliness Taskforce



June 2018

Foreword by Senator Dr Keith Swanick

Chairperson of the Loneliness Taskforce

I am often asked why I have started to campaign about the issue of loneliness. It is because I see, on a daily basis, the profound medical and mental health problems that are often exacerbated by loneliness. There is a real difference between choosing to be alone and experiencing loneliness. I don't want it to be seen as inevitable for people to go through loneliness as they get older.

Prime Minister Theresa May's recent decision to appoint Tracey Crouch as Minister for Loneliness in the UK was borne out of the legacy of the late Jo Cox. Prior to her untimely murder in the summer of 2016, Jo Cox, as an MP, had campaigned for the establishment of a Commission on Loneliness. In her own words she wanted to "turbo-charge" the response to loneliness.

Through the 'Happy to Chat' campaign and the fantastic work the Jo Cox Commission continues to do, a national conversation about the scale and impact of loneliness in the UK has been sparked. Almost every picture I have seen of the late MP is of her smiling, with a friendly, warm, welcoming smile, a person you would be 'happy to chat' to.

When I first spoke on the issue of loneliness in Seanad Éireann in October 2017, I referred to the scientific, medical and, indeed, public policy research on the issue of loneliness and isolation which suggests "a lonely person is significantly more likely to suffer an early death than a non-lonely one".

The importance of personal contact and human interaction with others cannot be superseded by technology alone. We are awash with communication options – Facebook, FaceTime, Skype and Snapchat, to mention just a few – but, despite all these communication modes, people are lonelier than ever. We know from psychologists that many young people, who have incredible connectivity online, can experience incredible loneliness, in part because of the absence of meaningful personal and human contact.

There is a very real need for 'Ireland specific' research. The data that I have seen, about the scale of loneliness in the United States and the UK, should be a wakeup call to everyone in Ireland. In his book Bowling Alone, the political scientist Robert Putman warns that the plummeting stock of our social capital, which is the very fabric of our connections with one another, is a major cause of concern. I believe it is possible for Ireland to reverse the trend towards loneliness, we can do it, one conversation at a time.

Much of the discussion about loneliness can focus on the elderly and issues such as rural isolation or a lack of services. Loneliness is as prevalent in the young as it is in the old, it just manifests itself differently. Loneliness places no distinction on location – when I worked as a general practitioner in Finglas, the exact same issues of loneliness and isolation existed in the heart of a busy community as they do in rural Ireland. Loneliness never discriminates between young and old, rich and poor or urban and rural.

Finally, I would like to thank all those who made submissions and contributed to this report. The goal of reducing unnecessary loneliness and isolation is a challenge, but it is achievable.

A message from Seán Moynihan

of ALONE

Firstly, I would like to thank the hundreds of people and organisations who have sent in their suggestions, stories and offers of assistance to the Loneliness Taskforce. We have been overwhelmed at the level of interest and support the Taskforce has received from all over the country and the time that has been put in by so many people to offer their help. Some of the submissions we received were as short as one line. Others ran into thousands of words. All of them have highlighted how the people of Ireland consider loneliness to be a major issue in their lives and the lives of those in their communities.

Ireland's communities, lifestyles and demographics have changed rapidly over the last few years. Previously, our social circles were made up of our families, our neighbours and our communities. Now as our lifestyles change, we are required to put effort into these connections that were formerly an intrinsic part of everyday life. As our population ages and becomes more urban and individualised, people feel less and less connected to their communities. This has resulted in an increased need for services like those ALONE provides to alleviate loneliness.

We are lucky in Ireland to have a significant number of grassroots organisations at local levels which have recognised the social and emotional needs of their communities and have worked to fill them. However, we need to support these organisations and to reinvent our communities to cope with these demographic changes on a national level. We need the support and backing of Government, the HSE, NGOs, communities and other organisations to achieve an Ireland where loneliness is spoken about openly, addressed quickly, and solved before it becomes a bigger issue.

At ALONE, we hear stories of loneliness in older people every day. Loneliness can affect your emotional and mental health, but the effects of loneliness on your physical health can be severe too. Older people experiencing high levels of loneliness are almost twice as likely to die within six years compared to those who are not lonely. Loneliness is not something to be brushed off – it is a public health issue, one that needs serious consideration. In the UK, a Minister for Loneliness has already been appointed. Ireland needs to act now in order to prevent loneliness from becoming a social epidemic.

The submissions included almost 1,000 ideas for recommendations to the Government to address loneliness. While we could not include them all in this report, we believe that the actions we have recommended will lead to the implementation of many of these suggestions. We have recommended that €3 million in funding be provided annually to alleviate loneliness, but this is just the beginning. We need research, campaigning and support for initiatives which address loneliness to be implemented now and for the foreseeable future. I hope that this conversation and the actions the Taskforce has started will continue well after this initial funding is spent.

While we received many suggestions for solutions to loneliness, we also received submissions from people who are themselves lonely, or know someone who is lonely, who reached out to look for help. This reaction to the Taskforce highlights the urgency of our work. While we know there are thousands of older people across Ireland who are lonely, we have also received submissions which have highlighted how the issue is affecting young people, people with disabilities, carers, recent immigrants and returning migrants, and a broad range of other groups. One person described their experience of loneliness as "a feeling of emptiness that is hard to describe, kinda like you ran out of petrol in the car." Another man told the story of how his long-time neighbour, who had little day-to-day interaction with him, approached him to ask if he would be their emergency contact. There are lonely people in every village, town and city across the country and these are the people for whom we have written this report.

Loneliness has been a central aspect of what ALONE does since our foundation in 1977, but no one organisation can do this alone. I have been delighted to have the opportunity to work with Senator Swanick and the other members of the Taskforce to compile this report and make recommendations to Government. I hope that we can continue to work together and to implement real change so that Ireland can become a place where no one feels like they have to cope with loneliness alone.

Thank you for supporting the Loneliness Taskforce.

Taskforce Members

Senator Dr Keith Swanick

Spokesperson on Health and Mental Health in the 25th Seanad.

Seán Moynihan

CEO of ALONE, the national organisation that supports older people to age at home.

Professor John Hillery

President of the College of Psychiatrists of Ireland, the professional body for psychiatrists in Ireland.

Justin McNulty

Social Democratic and Labour Party (SDLP) Member of the Legislative Assembly (MLA) representing Newry and Armagh and former All-Ireland winning Footballer.

Sean Gallagher

Experienced entrepreneur, an inspiring speaker and highly regarded business writer and author.

Sabrina McEntee

Co-ordinator of Youthreach in Cavan. Youthreach offers young people the opportunity to identify options within adult life, and provides them with opportunities to acquire certification.

Dr Eddie Murphy

Clinical psychologist, mental health and wellbeing advocate, life coach and author.

Sinead Dooley

Deputy CEO of Irish Rural Link (IRL), a national organisation representing the interests of over 600 community groups throughout rural Ireland.

Professor Roger O'Sullivan

Interim CEO of the Institute of Public Health in Ireland (IPH) and Director of the Ageing Research and Development within IPH.

Anne Lynott

President of the Institute of Community Health Nurses, the professional and educational body representing Community Nursing throughout the State.

Professor Brian Lawlor

Consultant Psychiatrist at St. James's Hospital. He is also the Director of the Memory Disorders Clinic at Mercer's Institute for Research on Ageing, St. James's Hospital.

Introduction

The Loneliness Taskforce was established by Dr. Keith Swanick in collaboration with Seán Moynihan of ALONE to coordinate a response to the growing issue of loneliness in Ireland. The Loneliness Taskforce aims to increase awareness of the problem and to produce a set of recommendations for Government, state agencies and all policy makers.

From March 26th to April 9th 2018, the Loneliness Taskforce sought submissions from the general public, Oireachtas and Northern Ireland Assembly Members, Local Authorities, MEPs, Charities, Public Participation Networks and Volunteer Networks across the Country, both North and South. In total, 310 submissions were received.

The Loneliness Taskforce includes members from the education, NGO, sporting, nursing, psychology, business and academic sectors. They have drawn on their broad range of experience, consultation with other experts and interaction with the general public through the submissions process to shape this report.

The Taskforce has offered five key recommendations to address loneliness in Ireland:

1. Annual funding of €3 million towards combatting loneliness;
2. The allocation of responsibility to combat loneliness to a specific Minister and Government department;
3. A public campaign;
4. Support for initiatives and organisations which alleviate loneliness as their primary function and an action plan for volunteering;
5. Ireland specific research on loneliness.

Our vision is an Ireland free from loneliness

Loneliness is the public health crisis of this generation. The Loneliness Taskforce is seeking to increase awareness of the loneliness epidemic which exists across Ireland. We want to be the catalyst which sparks a nationwide conversation and encourages those who may be lonely to take the first step.

We want to inspire the spirit of volunteerism, to connect communities and to equip people with awareness and knowledge of what loneliness is and how to deal with it. We want those among us who are experiencing loneliness to be enabled to seek help, and for that help to be readily available.

We will use the findings of this report to call on the Government to implement changes. We want Ireland to be renowned for empowering and enabling its communities and people, for creating a country where no one who is lonely is left without support. We want to connect our island. We are inspired on a daily basis by the thousands of people and organisations in Ireland who help to alleviate loneliness in their own unique way.

We hope that our recommendations will prevent loneliness from becoming a social epidemic in the coming years. To paraphrase the Irish Nobel Laureate, William Butler Yeats, there should be no such thing as strangers in Ireland, only friends we have not yet met.

What is loneliness?

Loneliness describes an individual's personal sense of lacking connection and contact with social interactions to the extent that they are wanted or needed. Social isolation can be defined as an absence of social interactions, social support structures and engagement with broader community activities or structures. Chronic loneliness describes a situation where the person feels lonely some or all of the time.

Loneliness or social isolation can be quite short-lived. However, we are becoming more aware of the impact loneliness has on one's physical and mental health.

The negative effects of loneliness on a person's day to day life are well documented. Although loneliness is a condition often associated with older people, loneliness occurs across all age groups. Loneliness can occur from time to time, at a particular stage in life or can be associated with specific events such as starting a new job, moving house, the death of a partner or retirement. We need to ensure that loneliness is recognised as being emotionally painful, distressing, and can have different symptoms for different people.

A Changing Ireland

Ireland has an ageing population and rapidly changing demographics and lifestyles. This means that the prevalence of loneliness could potentially increase significantly in the coming years. Significant effort by organisations and individuals is now required to maintain community connections that were previously part of everyday life.

- In 2016, there were approximately 624,000 people over the age of 65 living in Ireland, representing 13.2% of the overall population.[1] It is estimated that by 2046 this number will grow to be 1.4 million, representing 22% of the overall population. This means that over the next thirty years we will go from 1 in 10 Irish people being over 65 to 1 in 5.
- In 2016 there were 399,815 people living on their own, almost evenly split between men and women with 195,519 and 204,296 respectively.[2]
- In the 2016 census, the number of one parent families stood at 218,817 of which 189,112 were mothers and 29,705 were fathers. The majority, 125,840, had just one child. [3]
- Single women made up 44.5 per cent of one-parent mothers. Among one-parent fathers widowhood dominated, accounting for 39.4 per cent of the total. Just over 1 in 5 one-parent mothers were widowed, while a further 58,127 were either separated or divorced, accounting for 30.7 per cent of the group.[4]
- The number of immigrants to the State from April 2016 to April 2017 is estimated to have increased by 2.8% from 82,300 to 84,600. Of the 84,600 people who immigrated to Ireland in the year to April 2017, some 27,400 (32.4%) were estimated to be Irish nationals. [5]
- Statistics from 2015 showed that Ireland has the highest penetration of phone internet users anywhere in Europe, North America or South America. [6]
- By the time they are in sixth class in primary school, around the age of 12, nine out of ten of Irish pupils will already have a smartphone, according to the Education Research Centre.[7]
- Ireland has the fourth highest suicide rate among 15 to 19-year-old in EU/OECD countries.[8]

The Challenges

Loneliness: a major social problem

Much of the focus on loneliness and the corresponding research on it have related to the experiences of older people. Although Irish research on loneliness has been carried out in relation to loneliness among certain demographics (such as in work by the Healthy and Positive Ageing Initiative (HaPAI) and The Irish Longitudinal Study on Ageing (TILDA)), there has never been research carried out which shows the "full picture" of the prevalence of loneliness across all age groups and locations in Ireland.

Groups at risk of loneliness are, according to a 2016 IPH study;

- members of the LGBT community;
- individuals living with dementia or cognitive impairment;
- those with a physical disability, mobility issues, or intellectual disability;
- carers;
- individuals from ethnic minorities.[9]

Loneliness across demographics

- According to Childline, loneliness is now one of the main reasons children cite for contacting their service.[10]
- Young adults may be particularly susceptible to experiencing feelings of loneliness, in part due to the scale of major life transitions occurring at this time. Events such as leaving home, going to third level education, starting work, and moving away from familiar friends and support networks can be triggers for significant feelings of loneliness.
- TILDA found more than 37% of people aged 50 and over reported feeling lonely often or some of the time. The figure stood at 36% of those aged 50-64, rising to 45% of 75-year-olds and older. [11]
- In the UK, research in 2014 showed that 49% of all older people say that television or pets are their main form of company. [12]
- A Belfast study found that loneliness was higher for divorced or separated people, lower for married and lowest for single people.[13] The breakdown of relationships was regularly cited in the submissions to the Loneliness Taskforce. While separation and divorce can sometimes be a positive experience for one or both parties, many separated people may face uncertainty and a sense of isolation from their previous life.
- There is a clear and significant correlation between low socio-economic status and loneliness. Loneliness is less likely to occur among those on higher incomes with access to transport.[14]
- According to the CSO, there are 360,000 family carers in Ireland. A large proportion of family carers have reported having to curtail their social or leisure activities and have experienced feelings of loneliness. [15]
- Returning emigrants, having lived abroad, may return to a country and community they no longer feel a strong connection to. The CSO estimates that between April 2016 and April 2017, 27,400 Irish emigrants returned to Ireland. As the Irish economy continues to recover there will be many emigrants who will return to Ireland, having moved away during the austerity years. [16]
- Asylum seekers and refugees who arrive in Ireland may be faced with a country, culture and language they do not know. While there have been wonderful attempts to integrate asylum seekers and refugees, social isolation and loneliness remain likely outcomes. This may also be the case for immigrants.

Loneliness: a major public health risk

The Loneliness Taskforce believes that loneliness must be considered a priority public health risk for a number of reasons. There is extensive international research which links experiencing loneliness to significant psychological and physiological difficulties.

Research summary

- Loneliness can be worse for us than well known risk factors such as obesity.[17]
- The magnitude of health risk associated with social isolation is seen as comparable with that of cigarette smoking. [18] Smoking can decrease life span by up to 10 years. [19]
- Evidence highlights that older people experiencing high levels of loneliness are almost twice as likely to die within six years compared to those who are not lonely. [20]
- Loneliness increases the risk of death by 26%, lack of social connections increases the risk of death by 29% and living alone increases risk of death by 32%. [21]
- Loneliness has been associated with a broad range of adverse psychological conditions including: anxiety, depression, substance abuse, social deviance, lower social skills, a more critical view of self, and perfectionism. [22]
- Loneliness can increase the risk of heart disease and impede recovery rates from stroke.[23]
- A 2010 survey suggested more than a third of American citizens over the age of 45 feel lonely. In 2017, former U.S. Surgeon General Vivek Murthy called loneliness a "growing health epidemic" in a Harvard Business Review essay, citing a study that said social isolation is "associated with a reduction in lifespan similar to that caused by smoking 15 cigarettes a day."[24]
- Loneliness has been linked to a wide variety of mental and physical health outcomes, such as depression, nursing home admission, and mortality. [25]
- The impact of loneliness on the onset of depressive symptoms has been observed in children as well as adults.[26]
- Loneliness in older people was found to affect cardiovascular health and sleep quality negatively. [27]
- Lonely people suffer disproportionately with mental health issues[28], cognitive decline, hypertension, and are more likely to be admitted for residential or nursing care.[29]
- In a US study, chronic loneliness was significantly and positively associated with increased physician visits as opposed to hospitalisations. [30]

Loneliness: a major economic problem

Loneliness and social isolation have far reaching implications and will inevitably have a negative economic impact. A 2017 UK report titled 'The Cost of Loneliness to UK Employers'[31] was launched jointly by the Co-op and New Economics Foundation and issued in conjunction with the Jo Cox National Commission on Loneliness. Currently there are no comparable Irish figures, but the report indicates trends in the UK which may be replicated here.

- A conservative estimate suggests that just over 1 million workers experience loneliness in the UK. Loneliness represents a significant cost to UK employers, both via its impacts on the health of employees and those they care for and via its impacts on employee wellbeing and thus on productivity and staff turnover.
- The UK report puts the cost of loneliness to UK employers at £2.5 billion a year. This is broken down into four key areas:
  - The report estimated that loneliness was costing UK employers £20 million as a result of the impact of loneliness on employee health and the cost of the associated sickness absence.
  - The report also estimated the costs to employers of caring activity by employees who are caring for people whose health conditions can be attributed to loneliness. This was estimated at £220 million.
  - The report looked at evidence on the relationship between loneliness and employee wellbeing, and on employee wellbeing and productivity, to estimate the reduction in productivity attributable to loneliness. Using data on average output per employee, they estimated the cost to business at £665 million
  - There was also an estimated cost of £1.62 billion attributed to the impact of loneliness on employee wellbeing and voluntary staff turnover.

However, there are also indications which show that economic investment in initiatives preventing loneliness can result in significant returns on investment in terms of costs saved.

- The London School of Economics estimated that the societal and health costs of loneliness (expenditure for visits to GPs, A&E, prescriptions and other health-related costs) is roughly £1,700 per person over ten years. This may rise to in excess of £6,000 for people who are most severely lonely. [32]
- Findings showed that signposting initiatives could offer a return on investment of between £2 and £3 per £1 invested. A community café targeted at lonely and isolated people was also evaluated using the SROI approach and estimated a return of more than £8 generated for every £1 invested. [33]

Recommendations

Funding

The Loneliness Taskforce recommends that annual funding of €3 million be dedicated by the Government towards a public campaign, funding initiatives and research on loneliness.

While sufficient research has been completed both in Ireland and overseas for us to recommend the following actions, the full costings of initiatives to alleviate loneliness have not yet been established in an Irish context. Therefore we believe that this initial funding should be put in place until the annual cost of these initiatives is fully budgeted for. We believe that this figure will be significantly higher than €3 million annually.

Accountability

As we have seen, the UK recently appointed a Minister for Loneliness. Although we do not believe that this measure is necessary in Ireland, we recognise the need for accountability from one Government Department in relation to loneliness. The Loneliness Taskforce recommends that a Government Minister be allocated specific responsibility to combat loneliness.

A Public Campaign

There is currently a lack of public awareness of what loneliness is, how common it can be and the health implications which are associated with it. The Taskforce recommends that a public and professional awareness and training campaign targeted at varying age groups and demographics should run over a short, medium and long-term period of time to take the following actions:

- Encourage all those who are feeling lonely to seek support and direct them towards relevant support services, such as GPs and/or thier local health centres.
- Raise awareness of the negative health implications of loneliness
- Prompt all citizens and communities to engage with those vulnerable to loneliness in their local community

Loneliness was notably absent from the ‘Healthy Ireland Plan’, the national framework for action to improve the health and wellbeing of the people of Ireland. The Loneliness Taskforce would like to see the inclusion of information about loneliness as well as measures to tackle it in any subsequent Healthy Ireland Campaigns and Reports.

Supporting Initiatives

Community activation will be required to combat loneliness due to the changing nature of Irish society. Funding should be provided to initiatives which target loneliness and have elements of impact measurement which can show this. Organisations which take an evidence-based approach to alleviating loneliness should receive adequate resources to ensure their work continues.

For instance, recent research indicates that befriending initiatives can help to alleviate loneliness among older people.[34] Befriending includes one-to-one, peer-to-peer, group, telephone, and befriending for groups who typically struggle with social exclusion. Organisations which provide these services and other relevant initiatives should be funded adequately. Resources should also be made available to pilot initiatives.

As evidenced throughout the submissions received, there are also many initiatives across Ireland which help to alleviate loneliness, even if this is not their primary function. Tidy Towns, Foróige, the ICA, Men's Sheds, the GAA, and Meals on Wheels are just a few of the initiatives which were praised in submissions. Funding should continue to be provided to support the work of existing organisations who take measures to promote inclusivity and alleviate loneliness and social isolation. GPs and other healthcare professionals who help patients who present with symptoms of loneliness should be provided with referral information on local organisations and supports.

It is known that volunteering can increase self-confidence and interpersonal skills. Evidence suggests that actively participating in your community for more than two hours a week can be important for alleviating loneliness both for volunteers and the people they support.[35] Supporting initiatives through funding will not only dedicate resources to the people supported by volunteers, but to volunteers themselves.

Research

In the UK, quantitative research has been used to demonstrate the negative impact of loneliness. The Taskforce believes that Irish-based research should be funded to identify more specifically those groups, demographics and areas which are most susceptible to loneliness. Although we know enough about loneliness to recommend certain measures, there is a need for Ireland-specific quantitative and qualitative research to help plan the most effective solutions.

1. Defining loneliness: More research, using qualitative methods, as well as theoretical development, bringing together existing empirical findings, is needed to understand what loneliness is, and is not.
2. Developing a greater understanding of the impact of loneliness on health outcomes (including mental health and cognitive functioning): Much empirical work has been done on this but there is still a need to understand mechanisms of action via a) longitudinal representative studies and b) experimental studies such as interventions
3. What works: Developing and piloting novel interventions and replicating intervention studies that have been carried out in other jurisdictions.
4. Developing a further understanding of the impact of culture on loneliness, impact of lifespan on loneliness, cultural invariance/variance of intervention success, and the transient/acute loneliness of widowhood.

The Stories

"I listened to Doctor Swanick on the radio yesterday and I was in tears listening to it. Fair play for discussing loneliness and what it means. I decided to write to make a submission and ask your group to consider giving more resources to community groups and senior citizens groups to run activities. The reason I was in tears is very simple. I am a retired public servant and have no immediate family, I do have great friends but they are busy with their own lives, their own grandchildren or other family events. Every day I go to a different coffee shop or little restaurant just to hear other people's voices. My home phone rings about once a month when I chat with an elderly relative and my mobile only rings when I'm getting a delivery or a courier is coming to the house. I'm healthy, independently comfortable and have no financial worries, but I'm lonely. This is the first time I've ever said this out loud and I realised listening to Doctor Swanick that it is a big big taboo. If I walked to pharmacy this morning and told them I had any ailment, they'd have some lotion or potion for me, but if I told them I was lonely, they'd probably laugh at me."

"Loneliness is isolation without friends in rural Ireland. I live in pure isolation at home, countryside, no friends, cannot go anywhere, no neighbours. It is ten years since I was on a holiday (I went on my own and that was lonely so never again) and over 20 years since I visited my local town at night-time. I would love to go for dinner in a restaurant but sitting there on my own would destroy me. No one goes out on their own. I have a good job but isolation is also at work in the public sector where there are 'clicks' at work. they talk about their kids, great husbands and holidays but when you don't have any of this, you are excluded. I just want to be loved but have no way of meeting anyone.
I pray and visit the church for my sanity but that is of little use when the loneliness is destroying me. I won't take medication as I am not suffering from depression as I challenge it every day. Loneliness is worse as there is no cure. I wish there was something I could do. Everything I do I do it on my own. I hope your report gives me some inspiration and I admire you for taking the time to complete this work. I wish you the best of luck with it. Thank you."

"Saw the video on twitter and decided to get in touch because I'm lonely and I never thought I would ever say that. In full time education in Cork (don't want to name it because I have no problem with college) and it is lonely. I have a feeling of emptiness that is hard to describe kinda like you ran out of petrol in the car. I'm surrounded by hundreds of people every day but nobody really bothers with me. I see lots of other students that are in the same boat, lots of them just end up drinking themselves stupid but I'm such a light weight when it comes to drinking it's easier just to stay off it. You wanted recommendations according to your website, here's one - every canteen in schools or colleges should be mobile phone or headphone free to force people to make human contact. Simple."

"We were contacted by a woman (who gave us permission to share her story) who is a single parent to two sons, living in a rural area that is not where she is originally from. She was looking for a volunteer to support her younger son, who does not have any identifiable 'issues' in the sense of learning difficulties, etc. but is lonely. Her friends don't work in the local area. She is a professional and works long hours herself and he spends his time with a childminder. He is a real boy and would like to be out on farms or fishing but she doesn't know anyone in the local area to take him. She really just wanted a way to access community support. I referred her to Foróige's Big Brother/ISPCC's mentoring programme but as her son doesn't have 'issues' it is highly unlikely that he would be able to avail of voluntary supports (waiting list places tend to be taken up with young people who are classed as 'at risk') but his need is just as great in its own way."

"I'm in college in Queens Belfast and I'm finding it very hard. Not from an academic point of view, but just meeting people and that. It's Monday afternoon and I realise I've spoken to nobody since last Thursday and I interact with the world via twitter and Instagram. I train every day and I run 4 times a week, but I guess mens sana in corpore sano. I'm lonely, there you go, I've finally said it."

"Isolation is a major part of loneliness. I am currently living in rural Ireland, in the recent very bad weather, I had no water and no central heating, I have a stove fortunately, a metre of snow blocking the gate, not one person called me to check if I was OK, oh by the way I am 76. I made a point of calling some elderly people to check on them. We need to be proactive, not just lonely dears etc. One winter with no power and no running water I boiled snow so I could keep clean and wash clothing, in my late 60s then. We have to be consulted in a respectful way, no condescension. But most of all we must help ourselves. We do not need a battalion of under - 50s deciding for us, we need to represent ourselves. There are many kinds of loneliness and in many environments, fear can be a companion, invisibility another, unless we are useful as child minders and banks for hard-up adult children. We really do need to become bold, get out there and go keep fit, learn new stuff including changing how we cook and eat, grow our own veg or herbs etc. There will be a lot of time spent alone however good existing services are, so keep interested and busy."

Appendix

Summary of recommendations arising from submissions

- Commission research to conduct a mapping exercise of government strategies, policies and structures, local authority strategies, structures and mechanisms and all NGO and other organisations which work with or otherwise help alleviate loneliness. Pilot areas in urban and rural areas to conduct an audit of facilities in each.
- Engage with focus groups and advocacy groups from `demographics most likely to be lonely (older people, younger people, people with disabilities, immigrants, carers, unemployed etc.)to discuss practical problems e.g. access t o transport and possible solutions e.g. access to technology.
- Research project to look at evidence in literature (national and international) as to how to achieve good outcomes for people who are lonely or socially isolated. Commission social research which quantifies in monetary terms the cost of loneliness to the Exchequer and its negative impact on our social capital.
- Run a nationwide campaign to raise awareness of loneliness and possible interventions.

"As part of the work the Loneliness Taskforce should work with all the local radio stations to run an awareness campaign and encourage people to stop and say hello. I often sit for an hour or more in my local restaurant / cafe and while people are friendly, nobody has ever started a conversation with me."

- The National Council for Curriculum and Assessment should develop age appropriate modules on loneliness for primary and second level students. Develop school programmes that support with mindfulness, meditation and CBT from an early age. Add as standard intergenerational projects and others which help students to engage with demographics who are most typically lonely.

"Develop Irish initiatives that support people from an early age. Develop programmes in school from first level to foster resilience and self-nurture in children. This can include mindfulness, meditation, and an age-appropriate form of cognitive behaviour therapy, designed to help children develop coping strategies at a practical level and an optimistic attitude in dealing with the normal ups and downs of life."

- Encourage national and local organisations to promote inclusion and encourage membership– the ICA, Macra na Feirme, GAA, Tidy Towns, No Name Club, the Sports Council, Men's Sheds, etc. Encourage inter-organisational approaches to loneliness which team up animal shelters with older people charities, etc.

"Expand the Men's Shed ideas to as many places ; but could you do something similar to include younger people to mix with older people - young people can learn lots from older people (and vice versa) e.g. baking, sewing, woodwork, storytelling, gardening, dancing, etc."

- Ensure adequate community meeting space is available in all towns and villages to facilitate local community groups to meet, encourage volunteer activities and develop local service provision
- Develop e- learning and other online programmes to raise awareness of loneliness and social isolation issues. Develop online programmes that change negative thinking associated with loneliness (CBT online). Investigate the role of technology in alleviating as well as causing loneliness.
- Implement supports to continue and further enhance access to transport for all, in particular access in rural areas to Local Link / Rural Transport services.

"Regarding loneliness in the rural communities, it is vital that there be a major improvement to the transportation infrastructure and the politicians, with cross party support, must finally make this a priority."

- Encourage the development of the Befriending Service and Support co-ordination service in local areas.
- Further promote volunteerism as an outlet for young and older people.

"We identify volunteering as a positive tool in tackling loneliness, both in the context of supporting people who may be effected by loneliness but also as a route to social interaction and engagement for the volunteer…We are aware that Volunteer Ireland and the Volunteer Centres Network have been encouraging the Department of Rural and Community Affairs to develop an action plan for volunteering - to support and encourage volunteering at national level. This could be a central tenet of tacking loneliness in Ireland and as the discussion process has already started may be something that could be got up and running quite quickly."

- Include tackling loneliness and social isolation as an objective in local funded programmes issued by Government Depts, e.g., SICAP, Healthy Ireland.

"I have always liked to be involved in community initiatives but I think this is a wider issue and one I would like to help with. I live in west Clare and see first hand the disappearance of informal community ties that were once part of the social fabric of places like this."

Other solutions/ issues raised:

Communications

- Consult demographics who suffer with loneliness.
- Advertising, campaigns, promotion and advocacy around l oneliness should take place.

"It seems to me that advertising, media campaigns, advocacy, and promotion is the best way to make short-term changes to tackle loneliness. Personal stories and testimonies in ad campaigns would be helpful. Radio interviews, TV interviews and newspaper stories would be helpful to highlight older people and the activities they are involved in. But doing it positively rather than only stories of isolation."

- Importance of local radio.

In the community

- Improve broadband infrastructure.
- Improve rural transport links.

"ICA calls for increased investment in the transportation and broadband infrastructure, particularly in rural Ireland. We would also welcome better access to community services, in particular in the areas of mental health and affordable childcare."

- Improve parking.
- Implement Age Friendly Towns and Cities programmes.
- Make the most of local libraries which could offer book clubs, coffee mornings.

"Perhaps using all our libraries by adding an area to sit and have a cup of tea or coffee with regular meetings and book reviews as an excuse to get together."

- Local councils should extend opening hours for playgrounds, libraries etc.
- Maintain and encourage local and rural communities, create places where people can meet.
- Local cafés should offer happy hours, coffee mornings, and specific tables in cafés to chat.
- Meet for a chat mornings and telephone chat services should be made available.
- Targeted support for younger people should be offered.

"Those who have attended third level and returned home without completing their studies seem to be particularly vulnerable to loneliness and isolation. It is clear that there is more targeted support required for young people in this age cohort."

""If more jobs were available in rural areas where most of our parents live then we would not have to move away. We would not as young people feel so much isolation, in turn our parents would not feel this either. When moving to a big city away from your home you can feel very much lost and without a support system. This is why I feel that varied job creation is vital and support systems in rural and urban environments can flourish if this is done."

- Expansion of ALONE befriending service.
- Offer better access to community services in areas of mental health and affordable childcare.
- Provide more resources to community initiatives.

"Number one is about appreciating the value of community. And making every effort to to maintain and encourage them. Like not closing down post offices in small rural communities where they can be a vital hub for social interaction and connectedness. Number two to create places where people can meet, to encourage local centres of activity or interest. Such as creative centres or sports centres, anything that knits a community together with something for all."

- Provide adequate funding for Meals on Wheels, morning call services, community projects. Acknowledge the huge role played by organisations like Tidy Towns, GAA, and other organisations
- State should have involvement in setting out community plans for addressing loneliness.
- More physical health and sports programmes.

""The sporting organisations can be doing more to get more people involved especially people like me that can help out."

- Employment opportunities for the older adult to earn a living wage.

Cross-organisational approach:

- Animal therapy – link animal charities with older people's charities.

""Animal Charities - linked with elderly. Elderly people Adopting/ fostering older less active animals that are not getting interest. This will provide company, things to do daily / monthly and a sense of purpose for the person. If not able to adopt then perhaps providing assistance at shelters etc."

- Childcare facilities should link with older people's charities.
- Short term adequate funding for initiatives like Meals on Wheels, morning call services, community support projects.
- Recent immigrants to Ireland link with networks here.
- Add to community development projects like Roscommon Women's Network shop.

Schools

- Third level institutions should adopt a community inclusion approach..

"All third level colleges could adopt a community inclusion approach, offering art, knitting, music etc, to the elderly."

- Raise awareness and education in schools on loneliness.
- Forge intergenerational relationships with schools and older people, school programmes, TY.

"I would love to explore how Primary and Secondary Schools could assist in this. I am thinking of schemes which unite pupils with a mature audience in a safe and structured environment to facilitate meaningful interaction between the two groups. Some suggestions might be based on collaboration for local history projects, the teaching of a craft, the promotion of Digital Literacy or work around the importance of cultivating empathy."

Older people

- Implement the Petal project.
- Active retirement- provide more excursions.

"I live in Leitrim, I am 66 years of age .I am a very active Lady interested in most things and love the craic. I have joined my local retirement group and enjoy it very much but would love to meet and make more friends. For me it would be wonderful to have more excursions to places of interest."

Internet

- Impact of smartphones and technology, both as a cause and solution to loneliness.
- More IT classes- using the internet, emails.
- Website for friendship; Facebook page to network/travel to events/meet ups/facilitate communication..

Health Services:

- GPs should be able to recognise loneliness and offer support and social prescribing.

"GPs or family doctors should be able to spot loneliness in people and they should be given a list of groups that a person can join."

- Gap left by community welfare officer.
- Loneliness in hospital should be addressed.

"Hospitals can be the most frightening and loneliest places. Start there."

- Encourage local carers to work for themselves directly with local people.
- More resources, respite and time for carers to be able to support people who are lonely.

" Increased government funding, and increased activity across the sector during [National Carer's] week would help to begin to address the isolation that many family carers face."

"Day care services have been limited especially in rural Ireland, these provided a great service and need to be bought back, with rural transport to drive people to the service."

- More community nurses/doctors.
- GPs should support and offer social prescribing.

"GPs or family doctors should be able to spot loneliness in people and they should be given a list of groups that a person can join."

This list of recommendations is not exhaustive, however all submissions will be available on the website *www.lonelinesstaskforce.com* in due course.

Notes

1 Central Statistics Office, 2016. Census of Population 2016 - Profile 3 An Age Profile of Ireland. Available at: *https://www.cso.ie/en/releasesandpublications/ep/p-cp3oy/cp3/agr/*
2 *https://www.cso.ie/en/releasesandpublications/ep/p-cp4hf/cp4hf/hhlds/*
3 Central Statistics Office, 2016. Census of Population 2016 - Profile 4 Households and Families. Available at: *https://www.cso.ie/en/releasesandpublications/ep/p-cp4hf/cp4hf/fmls/*
4 *Ibid*
5 *https://www.cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2017/*
6 Statista, Number of smartphone users in Ireland from 2015 to 2022 Available at: *https://www.statista.com/statistics/494649/smartphone-users-in-ireland/*
7 Educational Research Centre, Delivering Equality of Opportunity in Schools. Available at: *http://www.erc.ie/studies/*
8 UNICEF, 2017. Ireland's teen suicide rate 4th highest in EU/OECD - UNICEF Report Card Available at: *https://www.unicef.ie/2017/06/19/irelands-teen-suicide-rate-4th-highest-euoecd-unicef-report-card/*
9 Harvey, B., Walsh, K. Loneliness and ageing: Ireland, North and South. Dublin: Institute of Public Health in Ireland, 2016.
10 *https://www.independent.ie/irish-news/rise-in-lonely-children-calling-childline-to-talk-36538069.html*
11 *https://tilda.tcd.ie/news-events/2018/1804-loneliness-chronic-health/*
12 TNS survey, available at *https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_lonelines_in_later_life_evidence_review.pdf*
13 Boyle, Fiona. *'Gazing at the 4 walls- voices of older people experiencing social isolation in Belfast'* (Belfast, 2010),
14 AGE UK Evidence review of loneliness and isolation, *http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true*
15 Central Statistics Office, 2015, One in 10 Providing Care; Available at: *https://www.cso.ie/en/releasesandpublications/ep/p-ihs/irishhealthsurvey2015/ct/*
16 Central Statistics Office, 2017, Population and Migration Estimates April 2017, available at: *https://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/populationandmigrationestimatesapril2017/*
17 Christina R. Victora & Ann Bowling, *A Longitudinal Analysis of Loneliness Among Older People in Great Britain, The Journal of Psychology: Interdisciplinary and Applied Volume 146, Issue 3, 2012.*
18 Kharicha, K et al. (2007) *Health risk appraisal in older people, pp. 277-282.*
19 Jha et al, 2013; 21st-Century Hazards of Smoking and Benefits of Cessation in the United States *https://www.nejm.org/doi/full/10.1056/NEJMsa1211128*
20 Ye Lou, Hawkley LC, Waite LJ et al. Loneliness, health and mortality in old age: A national longitudinal study. Soc Sci Med 2012; 74,pp. 907-914
21 Julianne Holt-Lunstad, of Brigham Young University, Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review Perspectives on Psychological Science March 2015
22 Zysberg, L. (2011). Loneliness and Emotional Intelligence. Available at: *https://www.tandfonline.com/doi/abs/10.1080/00223980.2011.574746*
23 CARDI: Loneliness and physical health, (2012), h*ttp://www.cardi.ie/userfiles/May%20Loneliness.pdf*
24 G. Oscar Anderson, 2010, Loneliness Among Older Adults: A National Survey of Adults 45+ Available at: *https://www.aarp.org/research/topics/life/info-2014/loneliness_2010.html*
25 Barrett, A. et al, (2011). Fifty Plus in Ireland 201; First results from the Irish Longitudinal Study on Ageing (TILDA) Available at: *https://www.ucd.ie/t4cms/0053-01_TILDA_Master_First_Findings_Report_2011.pdf*
26 Matthews, T. et al. (2016). Social Isolation, Loneliness and Depression in Young Adulthood: A Behavioural Genetic Analysis. Available at: *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4819590/*
27 John T. Cacioppo et Al, Loneliness and Health: Potential Mechanisms. *http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/chcebkmvb02.pdf*
28 Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. Psychol Aging 2006;21,pp140-51.
29 Russell DW, Cutrona CE, de la Mora A, Wallace RB. Loneliness and nursing home admission among rural older adults. Psychol Aging 1997(4) pp.574-89.
30 Gerst-Emerson, K., & Jayawardhana, J. 2015. Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults. American Journal of Public Health, Available at: *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386514/*
31 New Economics Foundation, 2015, The Cost of Loneliness to UK Employers, Report Launched jointly by the Co-op and New Economics Foundation and issued in conjunction with the Jo Cox National Commission on Loneliness. *Available at: http://neweconomics.org/wp-content/uploads/2017/02/NEF_COST-OF-LONELINESS_DIGITAL-Final.pdf*
32 Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review, The London School of Economics, 2016
33 *Ibid*
34 Lawlor, Only the Lonely (2014) *http://agefriendlyireland.ie/wp-content/uploads/2014/10/AFN_Loneliness_MR.pdf*
35 Dawn C Carr, Ben Lennox Kail, Christina Matz-Costa, Yochai Z Shavit; Does Becoming A Volunteer Attenuate Loneliness Among Recently Widowed Older Adults?, The Journals of Gerontology: Series B, Volume 73, Issue 3, 2 March 2018, Pages 501–510

lonelinesstaskforce.com