

# Tackling loneliness and building connections: A call to action for Government

## AGLP

Action Group on Loneliness Policy in Northern Ireland

Loneliness affects people of all ages and from all backgrounds. Feelings of loneliness are likely to affect us all at some point. Being lonely or socially isolated can become a serious problem when it becomes chronic – feeling lonely always or often, which, over time, affects our health and wellbeing, damaging our ability to connect with others.



**1 in 5 adults in NI describe themselves as always or often lonely** (British Red Cross)

Worryingly chronic loneliness is linked to early death. Loneliness puts people at higher risk of cognitive decline, dementia, coronary heart disease and stroke. For people living alone, and with weak social connections, it is as harmful for your health as smoking 15 cigarettes a day.



**Each day a GPs sees 1-5 people because they are lonely** (RCGP NI)

*Loneliness is the unwelcome feeling we can experience when there is a mismatch between the social relationships we have and those we would like to have.*



**More than half of parents have experienced loneliness** (Jo Cox Commission)

*Social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships.*

Factors which cause and prolong loneliness are also often outside a person's control and challenging to manage without support. This includes; psychological (sense of self, confidence), community (services, social activities, transport), and society (stigma, cultural norms, financial). Often multiple factors cause feelings of loneliness.



**Carers are 7 times more likely to be always or often lonely** (Carers NI)

Evidence suggests that key life transitions, can act as triggers for loneliness, which left unaddressed can become a chronic problem. Such as, moving home, the onset of a health condition, leaving care, becoming a carer, becoming a parent (particularly for single parent families or parents living away from support networks), changing jobs or leaving work, experiencing family breakdown and bereavement.



**1 in 3 older people said that they 'sometimes or always' feel lonely** (Age NI)

There are some communities and groups who have a substantially increased risk of becoming lonely. For example, levels of loneliness are higher among disabled people, people who have mental health issues, those who are in poor health, living with long-term conditions, the oldest older people, those who live alone, carers, people who have recently arrived/moved, and people from some (but not all) minority ethnic communities, as well as, LGBTQ+ community.



**Over 1 in 5 people with a learning disability don't have anyone to spend time with 'a lot of the time'** (MENCAP)

Loneliness affects children and young people, particularly; children who experience neglect, young carers, disabled children, young people in/or leaving care and children living in poverty. If left unaddressed, loneliness can become chronic, which can lead to longer-term mental and physical health problems for children and young people as they move into adulthood.



**People aged 16-34 in NI showed the most signs of loneliness than other age groups.** (NI health Survey '18)



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The AGLP is calling for urgent policy action:

**1. Develop and implement a Loneliness Strategy for Northern Ireland:** This strategy should be truly cross-departmental and tackle loneliness at all ages and stages of life.

**2. Establish a new loneliness indicator in the programme for government:** Led by a senior responsible owner, to set targets, facilitate regular reporting and effective monitoring of progress.

**3. Deliver coordinated action on loneliness at all levels of Government and across statutory organisations:** A future local loneliness strategy needs to effectively connect to local government community planning. Ensure responsibility for tackling loneliness sits across all key statutory organisations with service design and delivery remits, including; health and social care, policing, housing and transport. Develop and implement coordinated annual reporting requirements, effective budgeting and space for shared learning to progress the reduction of loneliness across all ages.

**4. Establish a cross-sector loneliness implementation group:** Government should take the lead in creating the framework and convening cross-sector meetings to build synergy, commitments and promote action across society; bringing together; individuals and communities, with the community and voluntary sector, businesses, schools, employers, health and social care.

**5. Mainstream a mechanism to loneliness proof future policy development:** Ensure loneliness is considered by government and statutory bodies when creating new or reviewing existing relevant policy.

**6. Develop and deliver a loneliness public health campaign:** Create and promote easy-to-understand messages on loneliness for adults and children to tackle the perceived stigma people can feel. It is also vital to provide individuals and communities with information on how to both prevent loneliness becoming chronic, and to recognise and support those around us who are currently lonely, with a focus on building personal resilience.

**7. Create a central and local publicly accessible information:** Invest and create accessible information hubs, which are kept up to date, for people to easily find out how they can become more connected and access available services in their area, relevant to all ages.

**8. Allocate sustainable funding:** Support frontline person-centred services that address loneliness and embed action within community infrastructure considering; [foundation, gateway and direct services, along with structural enablers.](#)

