

Social Isolation and Social Connectedness

Summary

- Social isolation and loneliness are different entities, though closely related and often used interchangeably. Social isolation is an objective state, whereby a person is cut off from society and does not have anyone to turn to for social support. Loneliness is a subjective state, it is an emotion and involves how an individual evaluates their level and quality of social contact
- The influence of social relationships on risk of death is comparable with well-established risk factors for mortality such as smoking and alcohol and exceeds the influence of physical activity and obesity (Holt-Lunstad, 2010).
- A national initiative has been started called “Campaign to End Loneliness”
- Social isolation is a key precursor to loneliness and there are a number of risk factors for social isolation and loneliness that sometimes overlap. The main risk factors are:
 - Transitory such as moving house
 - Situational such as being a carer
 - Geography such as isolated areas with poor transport
 - Personal characteristics such as being over 75 years old
 - Health and disability such as physical or cognitive impairments
- About 20% of the older population is mildly lonely and another 8-10% is intensely lonely. In Greenwich this would mean that overall around 7500 older people are lonely, of whom around 2500 are intensely lonely. Other groups also suffer social isolation and loneliness but it is more difficult to estimate numbers.
- In Britain, over one half (51%) of all people aged 75 years and over live alone (Victor, 2005). This statistic is true for Greenwich; 50.7% of all households of people over the age of 65 years are lone households.
- There are an estimated 6,600 people over 75 years living alone in Greenwich and this number is predicted to increase by 20% by 2030. Around two thirds of those living alone over 75 years are female.
- Other groups at risk of social isolation and loneliness are also predicted to increase such as those with physical disability or long term limiting illness who currently make up around 10% (27,000) of the population of Royal Greenwich.
- Effective interventions to prevent loneliness include (Windle 2011):
 - Group interventions with an educational focus.
 - Targeted support activities eg at groups with shared characteristics such as young people who are lonely or those who live in a certain area
 - Befriending
 - Community Navigators who provide emotional, practical and social support and act as an interface between the individual, the community and public services
 - Health Promotion- improving fitness such as attending local walking groups or healthy eating classes- which improve mental wellbeing and promote social connectedness.

Source: Greenwich JSNA 2013/14 “Closing the Gap.” Public Health & Well-Being, Royal Borough of Greenwich.

- Befriending, social groups, time-banks, volunteering and community navigators are now being developed by the Royal Greenwich Directorate of Adults and Older Peoples Services with third sector organisations.

What do we know about social isolation and social connectedness?

Introduction

Social isolation and loneliness are different entities, though closely related and often used interchangeably. Social isolation is an objective state, whereby a person is cut off from society and does not have anyone to turn to for social support. Loneliness is a subjective state, it is an emotion and involves how an individual evaluates their level and quality of social contact. This is evidenced by those who live alone who value their solitude. Social isolation is however a major precursor for loneliness, but can also be a consequence of loneliness. Social connectedness is a measure of the coming together of people and their social interactions. On an individual level, social connectedness can involve the quality and number of connections a person has. On a community level social connectedness relates to social cohesion and a sense of community.

- **The influence of social relationships on risk of death is comparable with well-established risk factors for mortality such as smoking and alcohol and exceeds the influence of physical activity and obesity (Holt-Lunstad, 2010).**
- **There is a link between loneliness and both risk of developing hypertension (Hawkey, 2006) and increased number of excess winter deaths.**
- **The risk of dementia almost doubles in older people who are lonely (Peters, 2009).**
- **Lonely older adults rate their physical health as lower (Alpass, 2003).**

Risk factors for social isolation and loneliness:

Transitory	Life changes. Moving house. Changing job. Bereavement. Retirement. Divorce.
Situational/ Personal circumstances	Living alone. Carers. Single parents. Working anti-social hours. Unemployment.
Geography	Living away from friends and family. Poor access to public transport. Poor transport links. Living in an area with high levels of crime and material deprivation.
Personal Characteristics	Aged >75 years. Feeling discriminated against. Black and minority ethnic groups. Lesbian, gay or bisexual groups. Other minority groups. Poor social skills. Low self-esteem.
Health and disability	Poor physical health. Immobility. Cognitive impairment. Sensory impairment. Mental health problems.

Source: Greenwich Mental Health Promotion Needs Assessments, Greenwich PCT 2007

Intense loneliness is associated with:

- Recently widowed people
- Living alone
- Poor health

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

- Living in deprived areas

It is not only necessary to address the problem of social isolation but in doing so aim to create social inclusion and cohesion for a stronger, healthier community. Ultimately improving quality of life and empowering people to give back to the community could lead to a more cohesive community in Greenwich.

National Strategies

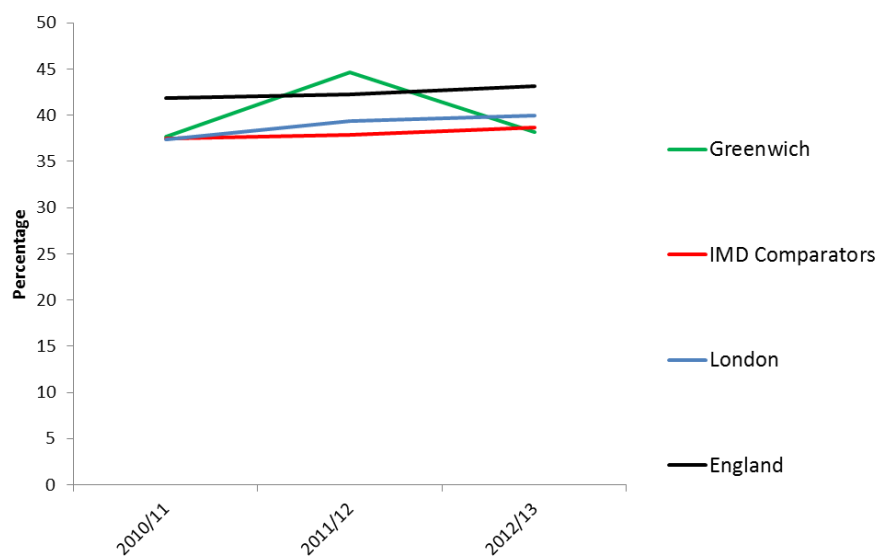
The Campaign to End Loneliness is a national initiative to combat loneliness and keep people socially connected in older age. The initiative is charity funded and combines research, policy and campaigning. The Campaign aims to enable organisations and communities to tackle risk factors for loneliness. It provides an online toolkit that can be utilised by authorities to identify vulnerable adults in the community and make positive changes.

The Social Care Institute for Excellence, (SCIE) is an independent charity funded by central government aiming to improve the lives of people who use care services. The charity released a briefing that outlined the risks of loneliness and social isolation (Windle, 2011) and recognises that investment is needed so voluntary organisations can help alleviate loneliness and improve quality of life, thereby reducing dependence on more costly services.

Facts and figures

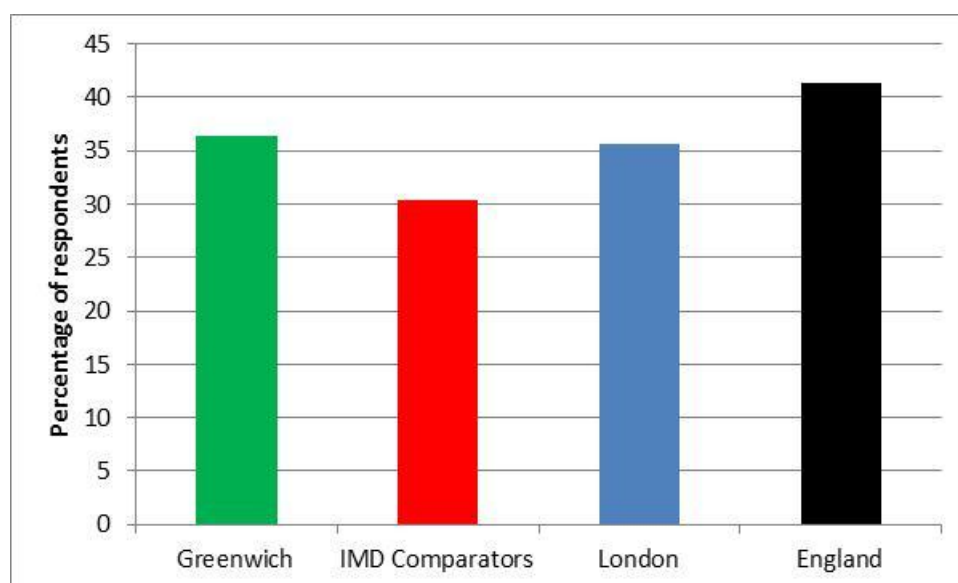
The Public Health Outcomes Framework includes several indicators relating to social connectedness. Figures 1a and 1b show that across Greenwich and its comparators, similarly high numbers of social care users and carers report that they do not have as much social contact as they would like. Between 30% and 40% of those questioned were not getting the contact they felt they needed, underlining the fact that this is a major issue for both groups.

Figure 1a: Percentage of adult social care users who have as much social contact as they would like in Greenwich, IMD Comparators, London and England, 2011-2013



Source: Public Health England, 2014

Figure 1b: Percentage of adult carers who have as much social contact as they would like



Source: Public Health England, 2014

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

We do not know how many people are lonely in Greenwich but there is information on those most at risk, particularly the elderly who form the largest group of people who are socially isolated and therefore at most risk of loneliness.

The following figures relate to research carried out by Victor et al, 2005:

- 6-13% of older people feel lonely often or always.
- About 20% of the older population is mildly lonely and another 8-10% is intensely lonely.
- 12% of older people feel trapped in their own home.
- 6% of older people leave the house once a week or less.
- 36% of people aged over 65 years in the UK feel out of touch with the pace of modern day life and 9% say they feel cut off from society.

These figures suggest that in Greenwich around 7500 people (30% of the 65 + population) are likely to feel mildly lonely with around 2500 feeling intensely lonely. Other groups below are also at risk of isolation and loneliness.

The following figures relate to people over the age of 65 years in Greenwich and identify groups of people who are at greater risk of isolation and loneliness:

(Source: www.poppi.org.uk)

- 5,143 of the older adults in Greenwich have severe mobility difficulties, this equates to 20% of this population.
- 3,144 or 12% have moderate or severe visual impairment.
- 11,558 have moderate or severe hearing impairment, totalling 45% of this population.
- 2,768 or 10% are providing unpaid care to a partner.
- 809 people in Greenwich are registered carers (representing only 3.7% of the 22,000 carers recorded in the 2011 census).
- 2,888, which equates to 11% of this population, are receiving community based services commissioned by the CASSR (Council with Social Services Responsibilities).

Table 1 illustrates the number of adults over 65 years living in Greenwich by ward. In total there were predicted to be 25,627 older adults in Greenwich. Greenwich has a total population of approximately 245,586. (Source: 2011 Census, ONS.). This means that older adults (those over 65 years) make up 10.4% of the total population of Greenwich.

In Britain, over one half (51%) of all people aged 75 years and over live alone (Victor, 2005). This statistic is true for Greenwich; 50.7% of all households of people over the age of 65 years are lone households.

Living in a materially deprived area is another risk factor for social isolation and loneliness. The four most materially deprived wards in Greenwich are: Woolwich Riverside; Woolwich Common; Glyndon; Eltham West.

A total of 5,850 people over the age of 65 years live in these four wards, totaling 17.6% of this population. Older adults in these wards are more likely to socially isolated as a result of material deprivation.

However in absolute terms there are more likely to be socially isolated and lonely older adults in the wards with higher concentrations of older adults (table 1). Forty percent of those over 65 and 75 years in the borough live in five wards, where around 1 in 5 or 6 is over 65 years and 1 in 10 of the population is over 75 years:

Blackheath Westcombe; Coldharbour and New Eltham; Eltham South; Eltham North and Middle Park and Sutcliffe.

Table 1. Number of older residents in Greenwich by ward, 2012

Area Name	People aged 65+	65+ as % of ward population	People aged 75+	75+ as % of ward population
Thamesmead Moorings	900	5%	350	2%
Greenwich West	1,200	7%	550	3%
Glyndon	1,300	7%	550	3%
Woolwich Riverside	1,300	7%	600	3%
Charlton	1,400	11%	650	5%
Abbey Wood	1,450	10%	750	5%
Peninsula	1,500	9%	600	4%
Plumstead	1,550	11%	650	4%
Eltham West	1,600	11%	600	4%
Woolwich Common	1,650	10%	900	5%
Kidbrooke with Hornfair	1,800	13%	900	7%
Shooters Hill	1,800	13%	800	6%
Eltham South	2,150	17%	1150	9%
Blackheath Westcombe	2,200	17%	1250	10%
Eltham North	2,250	18%	1100	9%
Middle Park and Sutcliffe	2,400	18%	1200	9%
Coldharbour and New Eltham	2,450	19%	1250	10%
Greenwich Total	28,850	11%	13800	5%

Source: GLA 2011 round SHLAA projections

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Trends

Figures 1 and 2 show the predicted number of male and female lone older adult households in Greenwich between 2012 and 2030. It was predicted that there were 10,010 people aged over 65 years living alone in Greenwich in 2012, and of those, 6,600 were over the age of 75 years. Between 2012 and 2030, the number of older people aged 65-75 living alone in Greenwich is projected to increase from 3,410 to 4,700 (a 38% increase), while the number of people aged over 75 years and living alone is predicted to increase from 6,600 to 7,951 (a 20% increase). Overall, the number of older adults, over the age of 65 years living in Greenwich between 2012 and 2030 is projected to increase from 10,010 to 12,651 (a 26% increase). This data is represented in Figure 3.

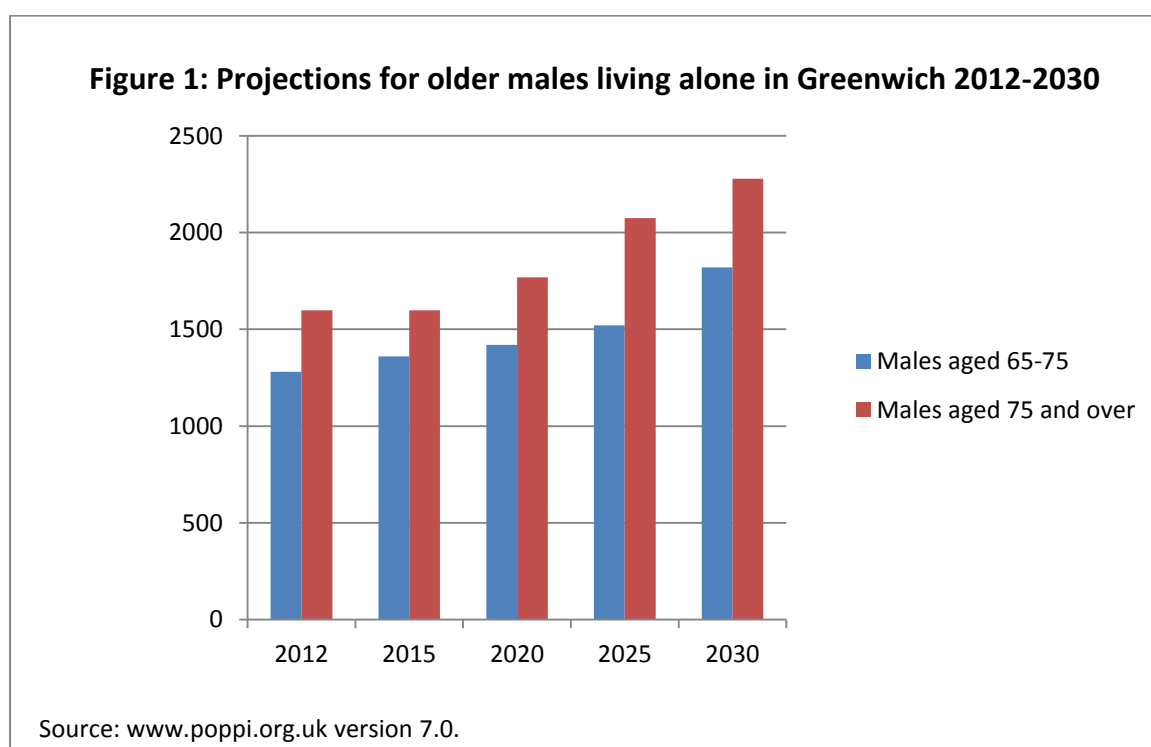
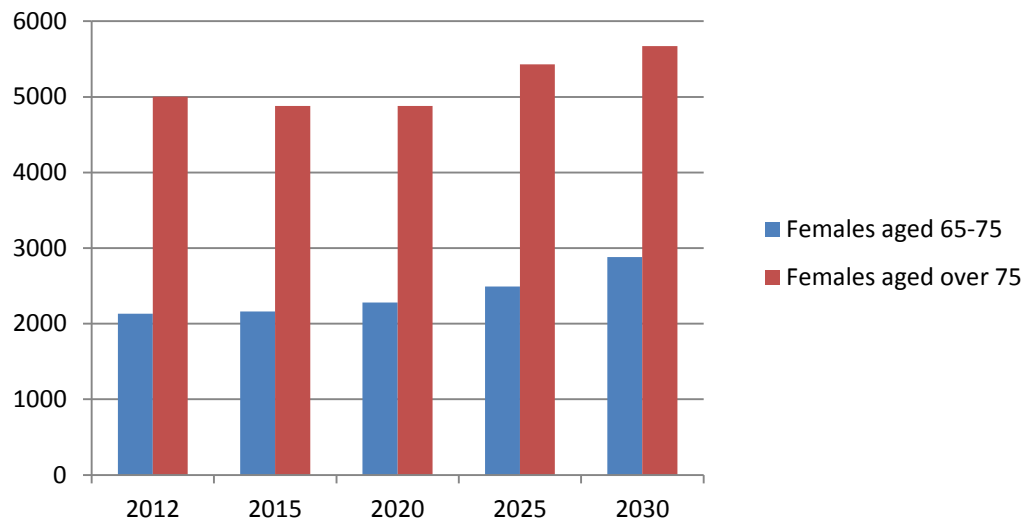
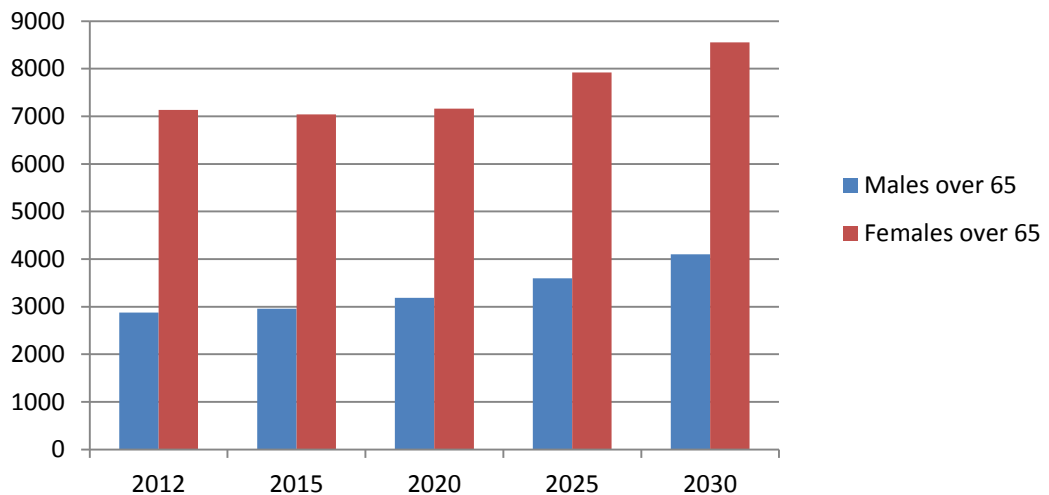


Figure 2: Projections for older females living alone in Greenwich 2012-2030



Source: www.poppi.org.uk version 7.0

Figure 3: Comparing projections for older males and females living alone in Greenwich 2012-2030



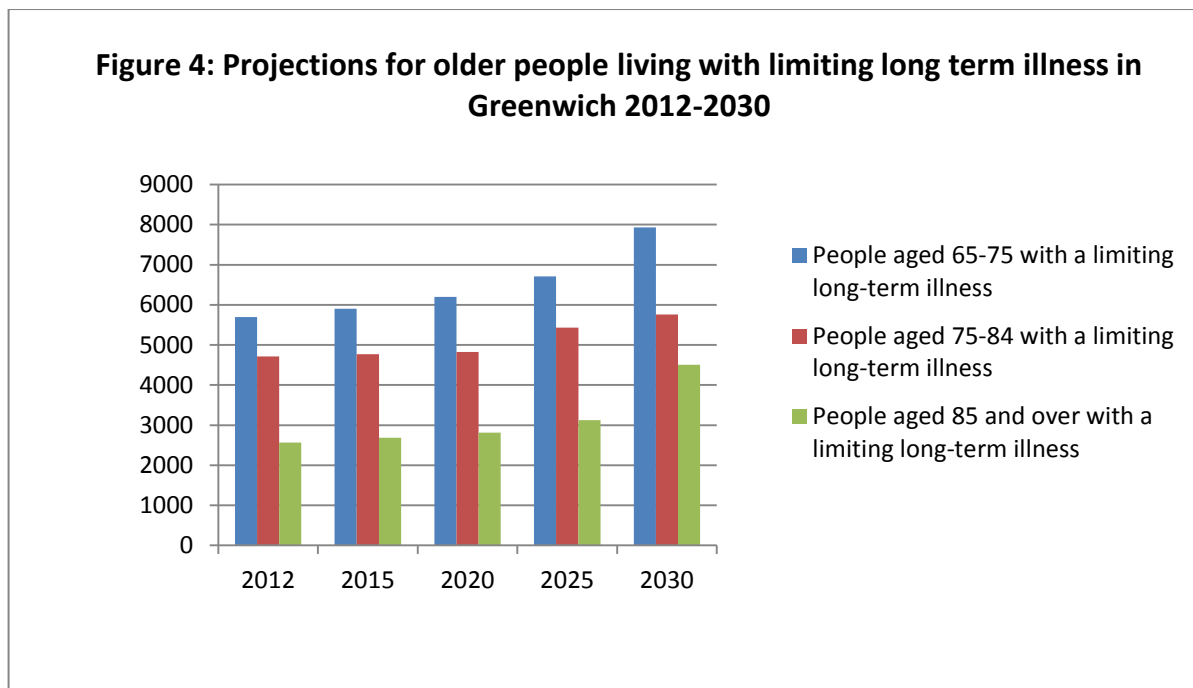
Source: POPPI, 2012

Data involving households requesting assisted refuse collections can be useful as a crude indicator of poor physical health and may suggest mobility difficulties. These are factors that contribute to isolation as these people may be unable to leave their houses without assistance and may find it difficult using public transport. In Greenwich on 31/03/2012 some 1033 households (1%), out of a total of approximately 104,500, were receiving assisted collections (*Source: Waste Projects Manager, Local*

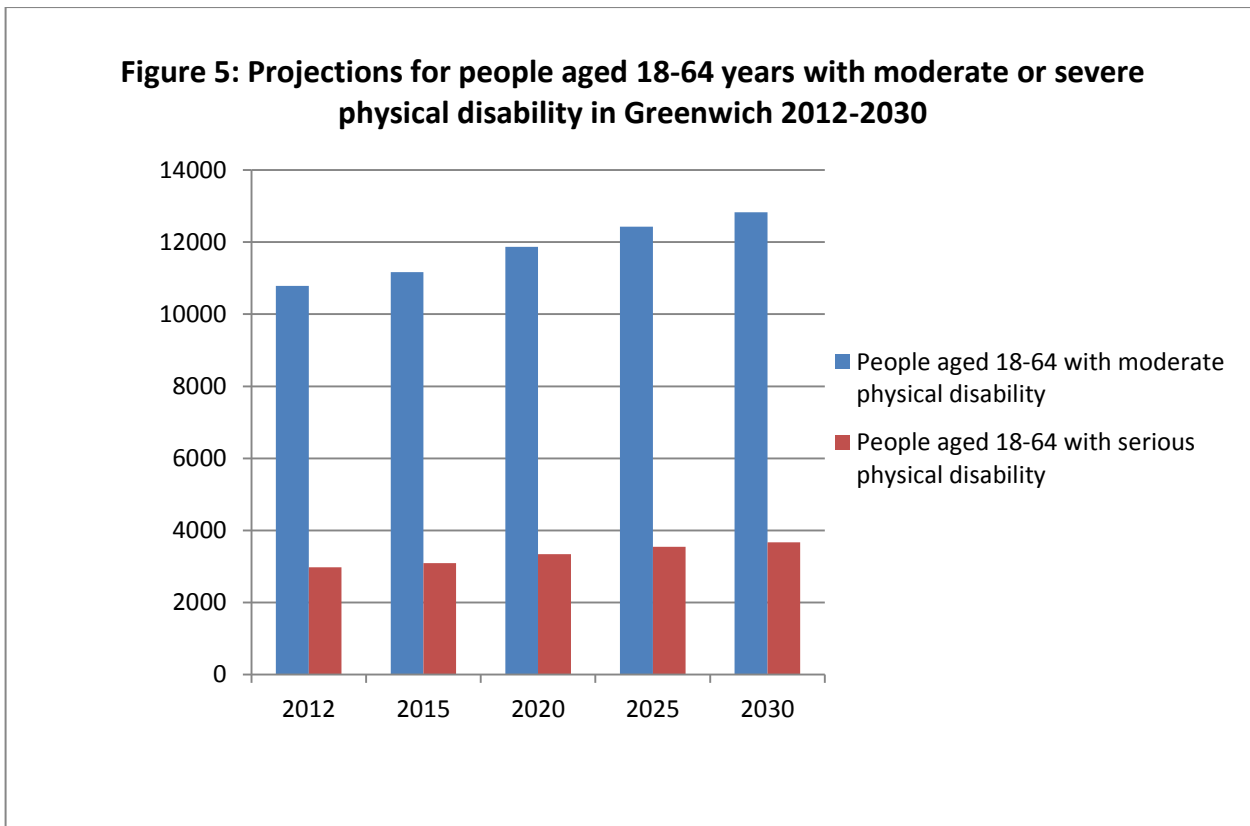
Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Authority, Royal Borough of Greenwich). This service is provided to all households where there is perceived medical need. However proof of this medical need is not required, therefore not all people in receipt of the service will be lone pensioners or vulnerable adults. Greenwich Local Authority data suggests that from 2011/2012 there were 3803 service users (adults classified with a physical disability) throughout the year.

It is predicted that there were 12,974 older adults aged over 65 years with a limiting long-term illness, which may lead to social isolation and loneliness in Greenwich in 2012. Between 2012 and 2030, the number of people over 65 years with limiting long-term illness is projected to increase from 12,974 to 17,189 (a 32% increase). This is shown in Figure 4.



Source: POPPI, 2012



Source: POPPI, 2012

It is predicted that there were 10,783 people aged 18-64 years with moderate physical disability in Greenwich in 2012 and 2,975 people with serious physical disability. Between 2012 and 2030, the figure for people with moderate physical disability is projected to increase from 10,783 to 12,833 (a 19% increase). The figure for people with serious physical disability is projected to increase from 2,975 to 3,670 (a 23% increase) between 2012 and 2030. This is shown in Figure 5.

Overall, there were predicted to be 26,732 Greenwich residents over the age of 18 years with either moderate or serious physical disability or long-term limiting illness. This cohort makes up 10% of the total population of Greenwich.

Table 2. Number of lone parent households in Greenwich, 2001.

	Lone parent households: With dependent children	Male lone parent	Male lone parent not in employment	Female lone parent	Female lone parent not in employment
Actual Number	9749	792	332	8957	5718
Percentage	10.5	8.1	41.9	91.9	63.8

Source: ONS Census 2001.

Table 2 shows the number of single parent households in Greenwich. While isolation is often considered a problem primarily encountered by older adults, it is important to highlight that loneliness and isolation

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

can affect any one of any age. Being a lone parent can be associated with loneliness. Of the male lone parents, 41.9% are not in employment. Likewise, 63.8% of female lone parents are unemployed.

Health inequalities

Deprivation

Studies have shown that people in deprived areas are more prone to feelings of loneliness and social isolation (Walters, 2004). If people fear crime in their neighbourhood they may be less likely to want to leave the safety of their house and they may be fearful of public transport. Indeed, local research based on housing estates in Greenwich (Guite, 2006), found a significant relationship between fear of leaving the house and lower mental well-being. Fear of crime can also make people less trusting of strangers, therefore less willing to participate in social activities. Those who are unable to drive or who do not own a car may be at higher risk of isolation as they may feel cut off from friends and family and feel a loss of independence.

Minority groups

Black and minority ethnic communities may be vulnerable to feelings of loneliness and poor social connectedness, as are other minority groups such as the lesbian, gay or bisexual community. These groups may be at greater risk of isolation as result of low levels of acceptance of difference in society. This is partly why specifically targeted programmes offer the most benefit in terms of quality of life and well-being.

Gender

- Many men over 75 suffer from lack of social contact and depression. 190,000 British men over 75, who live alone, are lonely and 36 per cent spend more than 12 hours of the day on their own, according to research undertaken by WRVS (a national charity which focuses on improving life for older people). The WRVS news report of their research found that these men are more likely to be lonely than women, however they are less likely to confide in friends and family about their feelings (11 per cent men, 24 per cent women).
- There is widespread agreement amongst experts that loneliness is a serious health issue because it makes it more likely that older people will develop illnesses that reach crisis level and need hospital care. Worryingly, despite 54 per cent of men who feel lonely admitting to suffering from feelings of depression, 75 per cent of these men have never sought help for feelings of loneliness. As well as depression, another consequence of loneliness amongst both the older men and women surveyed was loss of confidence, which 36 per cent cited.
- The WRVS research findings revealed a range of reasons why older men feel lonely, but for many (62 per cent) it is because their partner has passed away or as a result of losing companions their own age (54 per cent). On the release of the research

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

WRVS is calling for more volunteers – male and female - to join a befriending service, after 85 per cent of men who are lonely said they feel better after seeing friends or family.

What works?

Prevention

To prevent loneliness and isolation, the factors that increase likelihood of isolation need to be considered:

Population mobility	Increased mobility so fewer people with knowledge of services and less interest in developing the local community.
Diversity in the population	Lower well-being among black and minority ethnic groups. People make links more easily with people they see as more similar to them. Greenwich has a diverse population with black and minority ethnic groups making up 34% of the population. <i>(Source: GLA 2010 Round Ethnic Group Population Projections).</i>
Poverty	Lack of money can make joining in difficult. People who are unemployed have no opportunity to meet people through work. Greenwich is the 19 th most deprived local authority in England out of 326. <i>(Source: Indices of Multiple Deprivation 2010).</i>
Fear of Crime	Reduced trust in strangers, a reluctance to help others. Less cohesive community.

Transport

Many people in London rely on public transport, some due to mobility issues and inability to drive, others because it is too costly and impractical to own a car. With the addition of the DLR extending to Greenwich (1999) and Woolwich Arsenal (2009) station, Greenwich has benefited from greatly improved transport links and is more connected with central London and neighbouring boroughs. However, some people may still feel public transport does not adequately meet their needs. According to the ONS 2001 Census, 12,167 people in Greenwich over the age of 65 years, 47% of this cohort, did not have access to transport at home, of those people, 10, 148 (39%) lived alone.

Those with physical disability or mobility problems may find public transport difficult to use, especially independently. According to projections, in 2012 5,143 people in Greenwich over 65 years have severe mobility issues (POPPI, 2012). That is 20% of the older adult population in Greenwich. The figure is predicted to rise to 6,543 (an increase of 27%) by 2030. Those with mental health problems may find public transport distressing to use alone. So practically, reviewing and ensuring

the provision of safe, efficient, consistent and accessible transport in the Borough may help people to make social connections and help to reduce isolation.

Check-list for local authorities (from Campaign against Loneliness):

- The physical environment where you live can either enhance the feeling of isolation or promote social interaction. Improving and maintaining communal areas can start regeneration at a neighbourhood level. The local environment should feel safe and be well-maintained to create a sense of community pride.
- When building housing, design should consider access and social cohesion. Older people may feel reassured and supported by central alarm systems or contact with a warden.

Best practice interventions to prevent isolation:

- Identify and develop referral mechanisms to non-medical interventions via primary care and voluntary groups.
- Improve and maintain communal areas and open spaces including participation from residents.
- Increase access to self-help and guided groups, with sign-posting to available services.
- Promote participation in community based activities for leisure pursuit and developing social networks.
- Encourage the uptake of jobs by local people.
- There is evidence that involving users in the planning, implementation and evaluation of programmes improves outcomes. Therefore involvement of service users and the groups of people for which the service is designed in the entire process will lead to more effective services.
- Use of sign-posting to appropriate services; including community navigators.
- Specific attention could be paid to the needs of black and minority ethnic groups as well as other minority groups, who may feel that currently the services available are insufficient to their needs
- There is a need to appropriately measure quality of life outcomes to accurately assess cost-effectiveness of interventions.

Treatment

A systematic review (Windle, 2011) of interventions to prevent loneliness and social isolation concludes that effective interventions include:

- Group interventions with an educational focus.
- Targeted support activities.

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Research shows that people can relate more easily to people who are similar to themselves, in particular in terms of age, generation and gender. So for elderly populations, targeting older adults who are lonely could be beneficial as they then may be encouraged to volunteer themselves and reach out to similar individuals. In this way community engagement can be enhanced by encouraging older people to volunteer.

Befriending

As well as preventing loneliness and isolation, befriending services can act to treat and manage people who are lonely. Befriending services may be particularly beneficial for those who are frail and housebound and who might not get many opportunities for social interaction.

Community Navigators

There is good evidence (Windle, 2011) that one to one interventions and community navigators reduce loneliness and improve health and well-being. Community navigators can provide emotional, practical and social support and act as an interface between the community and public services, being instrumental in signposting people to appropriate services.

Health Promotion

Health promotion including local fitness classes and healthy eating classes not only serve to improve general health and fitness, but can improve mental well-being and social connectedness through group activities and people working towards a goal.

Local assets

There are a number of voluntary agencies in Greenwich. These include Greenwich Carers Centre, Greenwich Mind, Greenwich Mencap and the Volunteer Centre. These services are offered to people of all ages, and 60% of community based services are provided to people aged over 65 years (*Source: Local Authority*).

Of particular relevance to the theme of social isolation is the service developed by Age UK that is piloting and evaluating a number of 'Men in Sheds' projects, with one project based in Greenwich. The project involves providing a workshop for older men to meet, share and learn new skills. The project aims to reduce isolation among men later in life, improving health and well-being.

Greenwich Healthy Living Service takes a holistic approach to well-being. Among many things the service offers opportunities for residents to attend physical activity classes, as well as suggesting future learning opportunities and providing social support services.

What do we know about local services?

Preventative services and support aimed at reducing isolation and loneliness in the borough are in their infancy. However, befriending, social groups, time-banks, volunteering and community navigators are now being developed by the Royal Greenwich Directorate of Adults and Older Peoples

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Services with third sector organisations. The over-arching goal is to tackle loneliness and isolation by introducing residents at risk to one or more individuals (e.g. peers, volunteers, social networks i.e. community and faith groups etc.) who can provide support and companionship.

Greenwich Adults and Older People Directorate is also developing a volunteering project using an on line 'market' to enable residents to contact local volunteers.

The Eltham Community Assessment & Rehabilitation (CAR) Team is actively working to develop a volunteer pathway for residents recovering from a fall – the Falls Pilot Social Care Project. This aims to link volunteers to residents who are recovering from a fall where social support would benefit their recovery. Age UK (Bromley and Greenwich) and Greenwich Association of Disabled people (GAD), a user-led organisation, are taking part in the pilot. It is anticipated that the Alzheimer's Society will take part as well and if successful, the scheme will become permanent in future years.

Costs

Interventions to address loneliness and tackle social isolation are relatively low cost. Improving current day well-being would be an investment in the future as it could reduce future costs and lower demand on primary care and community services.

To measure cost effectiveness of interventions to tackle loneliness, the following factors need to be considered:

- Individual service use before and after the intervention.
- Organisational set-up and implementation costs.
- The level and extent of informal carer support.
- Well-being measures such as ASCOT¹.

Outcomes and performance

Primary care

- Lonely older adults rate their physical health as lower. These individuals may be more likely to make primary care appointments to address their perceived poorer physical health for which they may take unnecessary medications.
- Primary care is a prime site for sign-posting and needs assessment services.
- The waiting room of a GP surgery is an optimal place to promote groups and services with readily available information via posters and websites promoting social support and providing telephone help lines.²

Services in the community

- Maintaining the standards of community libraries, museums, parks and public spaces.

¹ ASCOT Adult Social Care Outcomes Toolkit: A social care related quality of life tool, the ASCOT measure is designed to capture information about the aspects of people's quality of life that are the focus of, or relevant to, social care interventions. The ASCOT tool is nationally adopted' within the outcomes framework as a tool to measure quality in social care as a good wellbeing measure to derive a social care quality adjusted life year

- Neighbourhood watch groups and adequate policing to reduce crime and help alleviate fear of crime.

Secondary care

Loneliness has been linked to excess winter deaths, again there are implications for savings in terms of hospital beds and medical care. Research has shown that interventions to tackle loneliness could result in fewer hospital admissions, shorter hospital stays and decreased referral for home care placements (Geller, 1999. Victor, 2005).

Prescribing

As loneliness can lead to depression and the impression of poorer physical health, there could be potential savings on medication costs, for example anti-depressants and analgesics. There are links between loneliness and developing hypertension, therefore potential for savings on anti-hypertensive medications.

Dementia

Older people who are lonely are twice as likely to develop dementia and are more likely to be depressed. They are also more likely to seek earlier care home placement. Prolonging the length of time an older person can remain at home has potentially major implications and profound NHS savings.

It is important to consider the cost in terms of quality of life and mental well-being for someone who is socially isolated and lonely. With effective interventions there could be significantly improved quality of life and well-being. This is a cost that cannot be given a monetary value.

Other beneficial costs in reducing loneliness include a potential increase in number of volunteers and people giving something back to the community.

- Include postal or web based questions and include questions on loneliness and isolation in periodic surveys.

Planned improvements

A range of service developments are described in the services section.

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Useful Links <http://www.campaigntoendloneliness.org.uk/>

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.