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UNITED KINGDOM 

## All the Lonely People - The Elderly Isolation Crisis and What to Do About It

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[Finding a stool](#) for the kitchen: that was the immediate problem to be solved. The palliative care nurse I was with, out on home visits in the London Borough of Lambeth, was trouble-shooting. Jerry, 72, living alone, and dying of lung cancer, had become too breathless to stand long enough to make a cup of tea.

As the (highly impressive) nurse moved on to the practicalities of starting on morphine I surveyed the two-room flat. It was tiny and bare, devoid of furniture except for a single bed that doubled up as a couch. A small ancient-looking TV had pride of place on a bedside table. The place had recently received a deep clean, but a musty smell lingered. The drab beige carpets were threadbare.

'This time... this time I'm going to do it!' Jerry pleaded, committing himself anew to smoking cessation; 'I have to. I know that.'

Tuning back into the conversation, the garret had apparently morphed into a confessional where the candidate spoke, slowly, desperately, of changes he intended to make to his life.

Gently the nurse questioned how realistic such a strategy might prove, particularly at this late stage.

But as Jerry talked what started to become clear was that his social contact was almost entirely restricted to interaction with paid professionals from statutory agencies. One neighbour occasionally agrees to buy tobacco for him. But other than that it's just drop-in upon drop-in - community nurses, meals-on-wheels, you name it. Apart from that, as he told me, 'I more or less plan my life around the box.'

Today new charity the Campaign to End Loneliness convenes a crucial conference on what lies within our collective power to do about the isolation epidemic. Because Jerry is no outlier: in 2011 the Centre for Social Justice conducted a telephone poll, the largest of its kind, of single occupants aged 75 and over. We found that nearly a quarter of a million people - a city the size of Brighton - were to spend Christmas day alone.

Worse, around 370,000 over 75s spend 'zero hours' with other people on a typical day. Statistics backed up earlier this year by the Office for National Statistics (from data extracted from the massive English Longitudinal Survey on Ageing) who estimated that half of over 80s feel lonely some or much of the time. Here is a problem of epic proportions, one dwarfing all the other challenges the poorest pensioners face, from dilapidated housing to faltering care.

This is an aspect of social breakdown we have known about for some time. But the reason why the loneliness crisis is now moving up the political agenda, the reason why today's keynote speaker is care minister Norman Lamb, is because we're becoming more and more aware of the devastating impact of loneliness upon an older person's resilience. The World Health Organization reckons it more damaging than smoking. And therefore any strategy to prevent unplanned admission to hospital, any strategy to avoid or delay entry into the care system, must involve a concerted national effort to re-engage isolated older people in community.

Today's conference will start with looking at how councils, with their new public health responsibilities, go about measuring isolation in their locality. Before proceeding to focus on which interventions are most effective.

The answer the CSJ's extensive review of older age poverty led us to was that tackling isolation hinges upon a dynamic non-financial partnership between statutory authorities and community charities.

Because if the bad news is that hundreds of thousands of older men and women are effectively ostracised from society, the good news is that at least many come onto the radar of statutory agencies. For it is they who fill the accident and emergency departments wearing summer clothes in the winter (as one hospital consultant told us about dementia-sufferers she sees); they who are in the back of ambulances; who call out police in the inner-cities; who encounter firemen installing smoke alarms. Those professionals cannot of course be expected to offer companionship. But what they can do is connect people to community groups which can.

This is the strategy which Norman Lamb should drive forward without delay. It will require big vision nationally, and determined

leadership locally, but enough examples exist of these so-called 'vital connections' - a psychologist at Newham's mental health team driving a patient to meet local befriending charity Contact the Elderly, an inner-city Manchester PCSO introducing a befriending charity to older people on their doorsteps - to fill us with confidence that something can be done about all the lonely people.

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