

LONELINESS ACROSS THE LIFE COURSE

A RAPID REVIEW OF THE EVIDENCE



CALOUSTE GULBENKIAN
FOUNDATION

UK BRANCH

KATE JOPLING AND DR ISAAC SSERWANJA



PREFACE

Tackling loneliness is an issue that has been a focus of the Calouste Gulbenkian Foundation's UK Branch for some time. Some eight years ago we originally convened the organisations that developed the Campaign to End Loneliness and we have supported its work in the five years since its launch. The Campaign has been highly successful; its advocacy work has given the issue of loneliness a much higher media profile, positively influenced the policy of public sector organisations, and developed a strong network of practitioners and researchers working in the field.

Our support for the Campaign sparked our interest in how to prevent loneliness amongst older people. This led us to develop and launch our work on transitions in later life, where our key objective is to help people in late middle age develop resilience and plan for the changes later life brings. We determined this focus on the basis of research undertaken by Guy Robertson. His scoping work is being re-published as a companion piece to this report. It sets out in more detail the links between later life transitions, particularly retirement, and loneliness.

The research that the Campaign uncovered regarding the scale and scope of loneliness amongst older people led us to suspect that loneliness might be a major social issue for adults and children too. In this report, from Kate Jopling and Dr Isaac Sserwanja, we find evidence to support this 'hunch'.

Loneliness Throughout Life indicates that the evidence base on loneliness across the life course is not as comprehensive or robust as we might have wished. However, it is clear that loneliness impacts people at varying stages of life, affecting a significant minority at all stages of life. The report examines a range of transitions, including leaving care, becoming a carer, and becoming a parent – drawing on evidence that shows how these life changes may increase our risk of becoming chronically lonely. It also finds that there are some communities and groups which may be particularly at risk of chronic loneliness as a result of their life experiences.

The authors recommend a range of actions for bodies including government and third sector organisations such as ours. This report is a call to action to look at loneliness in the round, at different transitions and across the life cycle. Although we play different roles we must surely share the same aim: to drastically reduce chronic loneliness and ensure everyone experiences the joys of connection, community and friendship.

Andrew Barnett
Director, Calouste Gulbenkian Foundation (UK Branch)

ACKNOWLEDGEMENTS

The authors would like to thank all those who have provided insight and expertise to this project including: the staff of the Calouste Gulbenkian Foundation (UK Branch), especially Esther Goodwin Brown, Margaret Bolton, Bridget Gourlay and Ryan Letheren; Bridget Pettitt and Liz Kwast; Juliet Michelson and colleagues at New Economics Foundation; Rebeca Sandu at the Dartington Social Research Unit; Dr Kellie Payne and colleagues at the Campaign to End Loneliness; and others who shared their knowledge privately.

*Loneliness Across the Life Course:
A rapid review of the evidence*
Report published in 2016 by
Calouste Gulbenkian Foundation
UK Branch
www.gulbenkian.org.uk

CONTENTS

1	BACKGROUND	2		
<hr/>				
2	UNDERSTANDING LONELINESS	3		
<hr/>				
3	LONELINESS ACROSS THE LIFE COURSE	4		
	WHO IS LONELY?			
	LONELINESS AMONG ADULTS			
	LONELINESS AMONG CHILDREN AND YOUNG PEOPLE			
	LEARNING FROM THE DATA ON OLDER ADULTS			
	THE CHANGING NATURE OF LONELINESS ACROSS THE LIFE COURSE			
	UNDERSTANDING THE IMPACTS OF LONELINESS			
<hr/>				
4	LONELINESS AND TRANSITIONS	8		
	LONELINESS AND TRANSITIONS IN CHILDHOOD			
	LONELINESS AND TRANSITIONS IN ADULTHOOD			
<hr/>				
5	EVIDENCE AROUND SELECTED TRANSITIONS	10		
	RETIREMENT			
	LEAVING CARE			
	BECOMING A PARENT			
	BECOMING A CARER			
	DIVORCE			
	LEAVING EDUCATION			
	WORKLESSNESS			
	LEAVING THE ARMED FORCES			
<hr/>				
6	OTHER RISK FACTORS AND AT-RISK GROUPS	13		
	BLACK AND MINORITY ETHNIC COMMUNITIES			
	PEOPLE WITH LEARNING DISABILITIES			
	MENTAL AND PHYSICAL ILL-HEALTH AND DISABILITIES			
	PEOPLE FACING SERIOUS AND MULTIPLE DISADVANTAGES			
<hr/>				
7	RESILIENCE APPROACHES	15		
<hr/>				
8	CONCLUSIONS AND RECOMMENDATIONS	17		
<hr/>				
	REFERENCES	19		
<hr/>				

1

BACKGROUND

The Calouste Gulbenkian Foundation (UK Branch) commissioned a rapid review of the evidence of the experience of loneliness through different stages of the life course.

The Foundation wanted to understand more about how loneliness is experienced at different life stages, and to what extent a focus on transitions through the life course might be helpful in identifying those at risk of loneliness.

In addition, the Foundation wanted to understand whether the evidence supported the hypothesis that programmes which help people to

develop resilience and improve wellbeing through times of transition might also help to prevent loneliness.

This rapid review of the current state of the evidence was undertaken using basic searches of the academic and other literature, and through informal discussions with others working in this field. The authors do not claim to have reviewed every relevant source, nor undertaken any systematic sifting of the literature on grounds of the strength of the evidence. As such this review should be seen as an initial scoping piece, designed to inform future, more detailed, investigations.



“This report is a call to action to look at loneliness in the round, at different transitions and across the life cycle”

Andrew Barnett, Director,
Calouste Gulbenkian Foundation (UK Branch)

2

UNDERSTANDING LONELINESS

In this review we have taken as our starting point an understanding of the concept of loneliness as defined by the Campaign to End Loneliness, under the advice of experts in its Research Hub.¹

The Campaign defines loneliness as a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want. This definition draws on the work of Perlman and Peplau² which is commonly referred to across the literature, and attracts a good degree of consensus.

This definition cements the distinction between loneliness, as a subjective experience, and social isolation, which is an objective state (though variously defined). Importantly this means that loneliness cannot be objectively assessed and can only be identified through discussions with affected individuals, and this in turn affects the nature of the studies which can inform us about its extent.

In looking at how our experience of loneliness changes over the life course we have also found it useful to distinguish between two different forms of loneliness, differentiated on the basis of the nature of the “missing” relationships, which were originally described by Weiss³ and are explained by the Campaign to End Loneliness as follows:

- Emotional loneliness is felt when we miss the companionship of one particular person; often a spouse, sibling or best friend.
- Social loneliness is experienced when we lack a wider social network or group of friends.⁴

We also draw on another important understanding of loneliness, which addresses the question of *why* we experience loneliness: namely the evolutionary theory espoused by Cacioppo and Hawley.⁵ In this theory, loneliness is seen as akin to hunger and thirst – an unpleasant experience designed to alert us to a lack of something we need and to motivate us to seek it out. In this way it is generally a transient experience as the unpleasant feelings it creates encourage us to reaffiliate with others (Qualter describes this as the “reaffiliation motive”⁶).

Common to these understandings of loneliness, is an acceptance of loneliness as a normal part of the human experience; so loneliness is not problematic per se, but only becomes so when it is experienced chronically – when we feel lonely most, or all, of the time.

These understandings of the nature and purpose of loneliness inform a body of literature that has sought to find out who is lonely, and when; to consider what causes loneliness, and what factors lead some people to become lonely when others do not; to examine people’s responses to loneliness; and to consider how loneliness – and particularly chronic loneliness – may be prevented or addressed.

3

LONELINESS ACROSS THE LIFE COURSE

WHO IS LONELY?

A key issue for this review has been to understand to what extent we can evidence the scale of the loneliness “problem” at different stages of the life course, as a necessary starting point for considering how transitions we go through during our lives might be influencing the incidence of loneliness. As the focus of this research is loneliness in the UK context, to assess this question we would ideally wish to draw on large scale UK-based surveys of individuals of all ages, which use robust and respected measures of loneliness.

LONELINESS AMONG ADULTS

In relation to people aged 50 and over the English Longitudinal Study on Ageing (ELSA), which started in 2002, offers a rich source of data on loneliness.⁷ The study is longitudinal and offers data across a wide range of aspects of people’s personal, social, health and other circumstances. It includes three measures of loneliness – the short version of the UCLA scale⁸; a question on whether individuals have felt lonely for much of the time in the past week; and a single item question “How often do you feel lonely?” with three response options “hardly ever or never”; “some of the time” or “often”. ELSA gives researchers access to a significant amount of information, not only on the extent of loneliness, but also on the characteristics of those who are lonely.

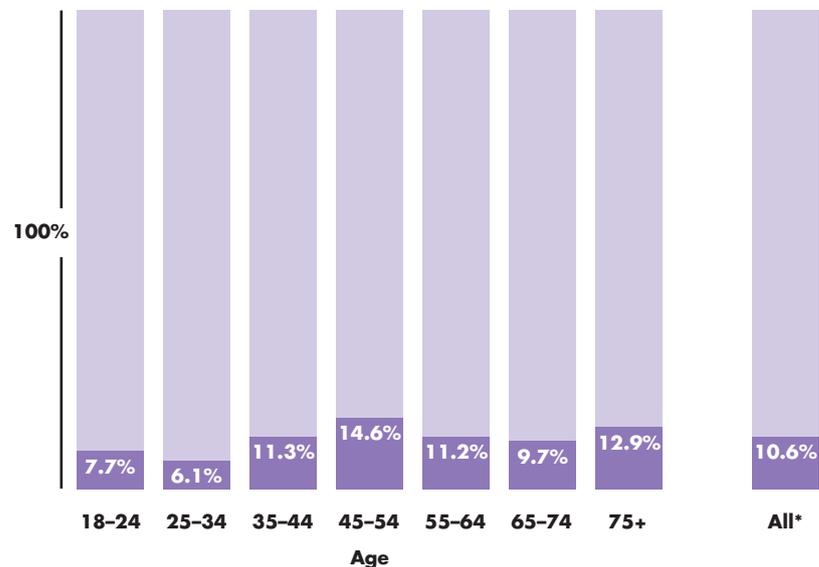
Unfortunately, however, no equivalent studies offering information on levels of loneliness in the UK at other life stages were identified by this review. Despite the campaigning work undertaken by the Campaign to End Loneliness and others, loneliness has not been prioritised for inclusion in large scale all-age national questionnaires such as Understanding Society.⁹ As a result the data on levels of loneliness is limited, and to some extent conflicting.

One often quoted study, offering some insights into levels of loneliness across the life course, is that of Victor and Yang. This study draws on the European Social Survey from 2012, which assessed levels of loneliness among adults on a single item scale. This study showed that levels of loneliness in the UK followed a U-shaped distribution over the life course, with those aged under 25 years and those aged over 65 years demonstrating the highest levels of loneliness.¹⁰

Unfortunately, this study is not based on a longitudinal sample, and therefore the potential for drawing out rich data along the lines of the ELSA study is much reduced. What this means is we are not able to look at how individuals’ loneliness levels ebb and flow through the life course. This means we can neither confirm nor counter the lazy assumption that loneliness in younger people is more transient. It also renders us unable to assess the extent to which experience of loneliness earlier in life increases risk of loneliness later in life – though the theoretical understandings of loneliness we discuss later offer some hints as to why this is likely. Furthermore, while the Yang and Victor study’s results chime with those of studies in other countries¹¹, its results are not consistent with those of other studies looking at the UK population.

For example, in 2010 the Mental Health Foundation published a study looking at the links between loneliness and mental health. This study included the results of a survey of 2256 adults, broken down into wide age bands. It found the highest levels of loneliness among people aged 18–34 years – leading the authors to pronounce that loneliness is most likely at younger ages.¹²

FIG. 1
Proportion of people who report feeling lonely more than half, most or all the time by age, 2011/12



Source: Eurofound European Quality of Life Survey * Unweighted base: 2,246

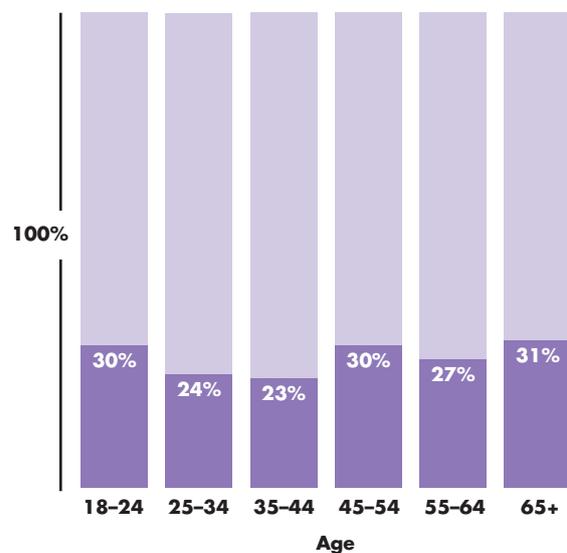
In 2015 the Office of National Statistics (ONS) release on *Inequalities in Social Capital by Age and Sex* drew on a different European study from 2011–2012, to suggest a different distribution of loneliness across the life course – with loneliness peaking in midlife.¹³ (Fig.1)

And in 2014 a large poll undertaken by ComRes for the BBC showed significant and relatively consistent proportions of people saying that they felt lonely “some of the time” or “all of the time” across the life course.¹⁴ (Fig. 2)

The variations in the distribution of loneliness across the life course can probably be attributed to the lack of consistency in the construction of the questions used to assess loneliness, with inconsistencies in both the wording of the questions used, and the response options offered. There is also variability across the age bands used for reporting data.

One problem that afflicts all of these studies is that they use single-item scales to assess levels of loneliness, rather than multi-item measurement systems – including the UCLA scale (which is included in the ELSA survey) or the DeJong Gierveld scale – which do not refer directly to loneliness and which are thought to be more effective at eliciting a true picture of the scale of loneliness, by overcoming the issues of under-reporting associated with single-item scales.¹⁵

FIG. 2
Proportion feeling lonely “some of the time” or “all of the time”



Source: ComRes for BBC Sample size: 2,009 adults

Taking the available data together, three things seem to be clear:

- It is not possible to make definitive statements around the age at which the risk of loneliness is greatest among adults in the UK
- There is a reasonable degree of consistency in the levels of loneliness across all ages – indicating that chronic loneliness is experienced by a significant and substantial minority of people (of around 10–15 per cent) across all life stages
- The data is not sufficiently robust to give significant insight into the characteristics of those who are lonely in the UK, in early and middle adulthood.

LONELINESS AMONG CHILDREN AND YOUNG PEOPLE

The data on levels of loneliness among children and young people in the UK is also very limited. In their efforts to quantify levels of loneliness among children and young people in the UK, many studies refer to statistics released by ChildLine¹⁶ breaking down the issues on which child callers were counselled. In 2016 these showed that problems in family relationships and low self-esteem and loneliness were generating the highest numbers of calls.¹⁷

In 2009 a survey by Action for Children among their service-users aged 6–13 years, found that 25 per cent reported feeling lonely.¹⁸

A study of 16 year olds in Northern Ireland found unusually low levels of loneliness compared to similar cohorts studied in other countries, however patterns of loneliness demonstrated expected correlations with low socio-economic status, poor health and disability. Researchers speculated that the strong sense of community built as a result of sectarian division in Northern Ireland may underlie the lower levels of

loneliness. This hypothesis was lent further weight by the finding that young people who described themselves as without religious affiliation demonstrated higher levels of loneliness.¹⁹

Unfortunately, however, beyond these limited sources this review was not able to uncover significant surveys of loneliness among children and young people in the UK. This is despite the fact that children as young as five are thought to be capable of identifying feelings of loneliness.²⁰

Figures from the Children’s Society Household Panel survey, included as part of the ONS release of Children’s Wellbeing Measures showed that among children aged 10–15 85.8 per cent had a relatively high level of happiness with their friends and 87.9 per cent had a relatively high level of happiness with their family. However no specific measures of loneliness were included in the dataset.²¹

LEARNING FROM THE DATA ON OLDER ADULTS

It has not been the focus of this review to revisit in detail the evidence surrounding older adults’ loneliness, as this has been substantially examined and disseminated in recent years, not least by the Campaign to End Loneliness, which the Calouste Gulbenkian Foundation helped to found.²²

However, given the paucity of data relating to other age groups, it is instructive to briefly rehearse the key characteristics identified in the data as correlates of loneliness in later life.

Studies of loneliness among older adults have found that a number of personal characteristics tend to influence whether an individual is lonely or not. These include:

- living alone
- being single, divorced, never married
- on a low income
- in residential care²³

“Social and emotional loneliness can exist alongside one another throughout the life course, and both can be extremely damaging to individuals’ wider outcomes”

It also shows that key transitions, which tend to occur in older age, can trigger loneliness, these include:

- retirement
- becoming a carer
- bereavement²⁴

The evidence also points to some groups who may be particularly at risk:

- BAME older people
- Older lesbian, gay, bisexual and transgendered people
- Those aged over 80²⁵

There are also correlations between loneliness and health and disability, with poor health, disability, reduced mobility and sensory impairment all correlated with increased levels of loneliness.²⁶

There is conflicting evidence around the impact of rurality on loneliness and also on the extent to which living in deprived communities is associated with loneliness.²⁷

THE CHANGING NATURE OF LONELINESS ACROSS THE LIFE COURSE

While the lack of the data around loneliness in childhood, youth and early and middle adulthood limits our ability to identify effective targets for intervention, studies have sought to unpack the nature of the loneliness experience at different life stages and these can shed some light on the likely patterns of loneliness experienced through the life course.

Looking at the causes of loneliness at different life stages, important differences in the nature of loneliness have been observed. Researchers describe a life course trajectory of the loneliness experience from early childhood, in which those who are lonely lack friends and acquaintances with whom to play; through later childhood and early adolescence where

the focus is on the need for acceptance by a peer group; through later adolescence and early adulthood where the focus starts to shift to the need for more intimate or romantic relationships; through adulthood and later life where the focus is on the need for intimate relationships.²⁸ In broad terms, therefore, the shift is one in which social loneliness is the primary concern in childhood, and emotional loneliness the primary concern in later life.

However, it is important to note that while these understandings may provide some help in directing the focus of interventions at different life stages, in reality both social and emotional loneliness can exist alongside one another throughout the life course, and both can be extremely damaging to individuals’ wider outcomes.

UNDERSTANDING THE IMPACTS OF LONELINESS

One of the drivers of the growing interest in loneliness in public discourse in recent years has been the increasing awareness of its wider impacts. The connections between loneliness and poor mental and physical health and wellbeing are increasingly recognised, and there is a growing understanding of the potential causal pathways between loneliness and conditions such as cardio-vascular disease.²⁹

However, as with the data on prevalence, there is also asymmetry in the data around the impacts of loneliness. Much of the literature on loneliness impact has focussed on later life, and less is known about the precise impacts of loneliness on younger people – though there are clear correlations between loneliness and poor mental and physical health in younger people; and between loneliness and lower academic attainment.³⁰

If we are to spur more concerted action on loneliness across the life course, then it is likely we will also need to develop a much deeper understanding of the impacts of loneliness on younger people. It will also be important to understand more about how loneliness in childhood and youth impacts levels of loneliness later in the life course.

4

LONELINESS AND TRANSITIONS

In order to properly assess the impact of certain life transitions on loneliness we would need large scale studies with longitudinal samples to enable us to track individuals through transitions and to observe changes in their levels of loneliness. This kind of tracking is now becoming possible using data from ELSA, and has enabled researchers to uncover important insights into the experience of loneliness following bereavement etc.³¹ However, as noted above, unfortunately no such studies are available for younger cohorts of adults or for children. As a result our assessment of the impact of transitions is reliant on more limited data from small scale studies in the UK and more often from overseas.

There are some important limitations to what data from other countries can tell us about loneliness in the UK because loneliness is widely understood to be a culturally sensitive phenomenon and therefore it cannot be assumed that trends which are observed in one country also pertain in others.³²

However, notwithstanding these limitations, there is some evidence to support the idea that transitions through the life course trigger risk of loneliness, and this is discussed below.

LONELINESS AND TRANSITIONS IN CHILDHOOD

The literature around children's loneliness tends to emphasise the importance of children's experiences in two critical areas – family life and school – in determining their likelihood of experiencing loneliness. Looking at how experiences in these areas influence loneliness, it is possible to construct a case for focussing on those undergoing transitions in family life and school life, in work to address loneliness.

In relation to family life, the literature suggests that children who come from homes which offer stability and which model open communication appear to be protected to some extent against loneliness in childhood.³³ As such, critical life transitions such as parental divorce are likely to have an important bearing on the risk of loneliness, impacting not only the adults involved (see below) but also the children, particularly if conflict is not well managed.

In relation to school life there are a number of important factors including relationships with children and adults within the school, which seem to impact loneliness. There are also clear links established between loneliness and educational attainment – though the directions of causation do not appear to be well understood. Both of these insights would suggest that children who undergo multiple “shocks” to their educational experience – e.g. moving schools often, struggling in school, and being excluded from school – may be a sensible focus for loneliness interventions.³⁴

These correlations also suggest that some groups of children, such as looked-after children (see also below) – who are more likely to have experienced difficult family relationships and to have lower levels of educational attainment – may be particularly vulnerable to loneliness.

“Clearly, in this understanding, the extent to which individuals have undergone transitions such as moving home, separation, divorce and other loss will be significant in determining their risk of experiencing loneliness”

LONELINESS AND TRANSITIONS IN ADULTHOOD

Considering adult life transitions, there are a number of studies which point to the potential for these to have a significant bearing on risk of loneliness.

Particularly significant in this regard is a study of centenarians undertaken in Georgia, USA, which demonstrated that the experience of negative life events *throughout the entire life course* is correlated with increased risk of loneliness in later life.³⁵

In this study, centenarians were asked whether they had experienced a range of life events, including birth of children, divorce, being out of work etc, and were asked to assess whether these had been positive or negative experiences. The study showed that among those who had experienced more negative life events, there was increased risk of loneliness.

This is important because it suggests that a whole range of transitions, right throughout the life course, have an impact on our experience of loneliness – and cumulatively negative events can increase our risk of loneliness. Unfortunately because the study only

involved those in later life, we are not able to tell to what extent these life events – such as divorce – have an immediate impact on loneliness levels, however it suggests an important connection between these events and our wider wellbeing.

The study also revealed that the correlation between negative life events and loneliness was mediated by the personality trait of “competence” – such that those who had experienced more negative life events tended to exhibit lower levels of “competence” and in turn higher levels of loneliness. As discussed below this finding has interesting implications for the possibility of intervention.

Also significant in this regard is the theory of loneliness causation put forward by Rokach and Brock³⁶ which emphasises four predominant causes of loneliness including “*personal inadequacies, developmental deficits; unfulfilling intimate relationships; relocation or significant separations and social marginality*”. Clearly, in this understanding, the extent to which individuals have undergone transitions such as moving home, separation, divorce and other loss will be significant in determining their risk of experiencing loneliness.

5

EVIDENCE AROUND SELECTED TRANSITIONS

While the evidence noted above points towards the potential for transitions to be an important focus of work to understand loneliness, the lack of high quality data from large sample surveys makes it difficult to objectively identify risky transitions for loneliness.

With this in mind, in this review we have sought to identify a small number of transitions around which it seems credible to construct a case that loneliness could be exacerbated or triggered, and have examined the extent to which this case is backed up by evidence. The transitions examined are by no means an exhaustive list of all of the transitions that may be of interest, however, it is intended to suggest some potential directions for future investigations.

RETIREMENT

The Calouste Gulbenkian Foundation, in its work on *Transitions in Later Life*, has opted to focus particularly on the retirement transition, as a key life event with significant implications for a whole range of outcomes including our health, financial security, social networks, and life satisfaction.³⁷

The Foundation's work has been informed by an extensive review of the literature, as well as collaboration with a range of experts including people going through retirement transitions.³⁸ Through this work the significant risks retirement presents in terms of loss of social networks, and the obvious associated risks of loneliness, were recognised, but importantly this work also identified other risks associated with retirement including impacts on individuals' sense of personal identity and efficacy – which (as will be discussed in more detail later) also have potential implications for loneliness risk.

This insight has informed a programme of work around mid-life interventions to support people through retirement. This work is now being taken forward in partnership with the new “what works” centre for later life – the Centre for Ageing Better – and focuses on building social and emotional skills and resilience for those going through the retirement transition.³⁹

The great advantage enjoyed by the Calouste Gulbenkian Foundation in framing this work has been the relatively rich data available from ELSA around the experience of loneliness, and on a range of wider outcomes, among those in later life. However, as this section will go on to discuss, there are a number of other transitions during the life course which are also potentially of interest, but where the evidence is less complete.

LEAVING CARE

The transition undergone by young people in care to independent living is known to be risky and often unsuccessful across a wide range of outcomes.⁴⁰ And there are good reasons to believe that this transition may also create risk of loneliness.

A recent study by the Centre for Social Justice (CSJ) highlighted loneliness as a very significant problem among care leavers. 77 per cent of the care leavers surveyed by the CSJ said that feeling lonely or isolated was difficult when leaving care and 43 per cent said it was very difficult.⁴¹

The practical challenges of the transition from being looked-after to being independent present certain *prima facie* risks factors for loneliness. Young people leaving care have to move home, often to live alone, at a time when their peers would still be living with family, and many lack a supportive family network on which to rely.

And as noted earlier, in addition to these immediate challenges, there are a number of features of the experience of children in care – including the nature of relationships experienced in earlier life, and the

“It would be interesting, therefore, to understand more about the impacts of divorce on younger age cohorts to understand to what extent these lessening impacts might be related to generational or age differences”

multiple moves that many looked-after children experience – which have the potential to render them inherently more vulnerable to loneliness throughout their lives.

BECOMING A PARENT

Another group who are often thought to be potentially more vulnerable to loneliness are new parents, and particularly young parents.

The sudden loss of time to socialise, the change in lifestyle and challenges such as lack of sleep and reduced resources, almost inevitably impacts the opportunity to maintain social contacts. In addition studies confirm the hazards of becoming a parent for our intimate relationships – with a recent Relate study demonstrating that people with children under five were more likely to report that they had bad relationships with their partner, and were more likely to report arguing with their partner.⁴²

A Survation poll for Action for Children in 2015 among parents aged 18 and over found that nearly a quarter of parents feel cut off from their friends always or often since becoming a parent and 22 per cent report their loneliness has got worse since becoming a parent.⁴³

BECOMING A CARER

Another transition which is often flagged up as creating risk of loneliness is becoming a carer.

Research by Carers UK in 2015 found that 83 per cent of carers had felt lonely or isolated due to their caring role, and 57 per cent of carers had lost touch with family and friends as a result of their caring role.⁴⁴

The reasons for these impacts on carers' relationships are many – with perhaps the most obvious being the impact of caring on carers' available time for maintaining contact with wider friends and family. However other key factors include changes in the quality of relationships between the cared-for

individual and the carer, due to the changes in the relationship dynamic; a sense of distance from friends and family created by a growing gap between the lived experience of carers and their non-carer friends and family; and, in some cases, a perceived stigma around caring – evidenced by over a third of carers reporting that they feel uncomfortable talking about caring with their family and friends.⁴⁵

DIVORCE

The impact of divorce on loneliness has been studied in relation to adults aged 54–65 in the Netherlands. This work showed that divorcees show higher levels of loneliness than people who remain married; and that while those who remarry show a slightly reduced risk of social loneliness compared those who remain single after divorce, their levels of emotional loneliness remain elevated.⁴⁶

Taken together with the evidence discussed above relating to the potential impact of poor communication and family breakdown on children's loneliness, it would appear a focus on relationship breakdown and divorce would therefore be a sensible focus of work to address loneliness.

However, interestingly the study in the Netherlands also showed that the detrimental effects of divorce on loneliness appear to be reducing over time, with authors hypothesising that the greater social acceptability and increased frequency of divorce was reducing its stigmatising effect.⁴⁷

It would be interesting, therefore, to understand more about the impacts of divorce on younger age cohorts to understand to what extent these lessening impacts might be related to generational or age differences.

LEAVING EDUCATION

A transition that is of broad interest in public policy terms is the transition between school and work or further education, and more generally the transition from youth to adulthood.

“There is a significant narrative and some evidence around the risk of loneliness among student populations who move away from their home and childhood support networks for the first time”

In the US the respected UCLA scale was developed through research among students⁴⁸, and there is a significant narrative and some evidence around the risk of loneliness among student populations who move away from their home and childhood support networks for the first time.⁴⁹

The idea that the transition to adulthood is a time of risk of loneliness is lent support by the U-shaped curve of loneliness highlighted by Victor and Yang which suggests a peak of loneliness in early adulthood.⁵⁰ However, as discussed above, probably due to a range of factors including variability of questions asked etc, there is little consistency in the patterns of loneliness across the life course shown in UK surveys.

One group that is sometimes highlighted as potentially of particular concern are young people who are not in employment education or training (sometimes referred to as NEET) after school – and it is true that studies among NEET young people often refer to isolation and marginalisation as among the challenges they face.⁵¹ However this review did not unearth significant data to quantify the extent of this problem.

WORKLESSNESS

The transition into and out of work across the life course is often flagged as a potential trigger for loneliness risk. As noted above, retirement is highlighted as a significant risk factor for loneliness, and this is thought to be a particular concern for older men, whose social networks are often linked closely to their working lives.⁵² However less evidence exists around work transitions earlier in the life course.

There is a body of literature that suggests that lack of social networks can be a barrier to work, with evidence that young people from lower socio-economic backgrounds are less likely to establish social networks beyond their immediate circle, and that this can restrict their job opportunities.⁵³ However, what is less clear is whether worklessness

triggers loneliness to any significant degree – as, understandably perhaps, economic and other impacts of worklessness tend to be a more significant focus in the literature.

A study for the Joseph Rowntree Foundation among young people in the poorest neighbourhoods showed how their limited – and indeed shrinking – social circles left them less able to find work and become socially mobile. However these studies were not focussed on loneliness, and in fact the study noted that these individuals often enjoyed strong bonds with their most immediate contacts, and only lacked the “bridging” social capital to give them access to wider networks to find work etc.⁵⁴

LEAVING THE ARMED FORCES

The move from military to civilian life is another potentially risky transition across a range of measures, and there is a clear logic to the argument that ex-service personnel who have been embedded in a system which offers very strong social and professional bonds, may experience significant loss on leaving, and may struggle to make new social connections in a less structured environment. It is clear that ex-service personnel experience a range of challenges in establishing a new identity and way of life after their service, however the experience of loneliness around this transition has not been a major focus of study.⁵⁵

A survey for the Royal British Legion found that eight per cent of ex-service personnel reported feeling lonely, and 16 per cent reported problems with relationships and isolation more broadly, with the highest proportions reporting these issues between the ages 35–54, due to a combination of relationship breakdown, bereavement and broader loneliness and isolation⁵⁶ However, it is notable that these levels are not significantly higher than those observed in the broader population.

6

OTHER RISK FACTORS AND AT-RISK GROUPS

In the previous section we demonstrated that, while the data is not sufficiently robust to enable an objective justification of transitions as a focus for loneliness interventions, there is some evidence to suggest that people going through transitions which are already a focus of policy interest and intervention may also be vulnerable to loneliness.

In the same way, there is evidence around a number of other potential sub-groups, which seem to be particularly vulnerable to loneliness.

BLACK AND MINORITY ETHNIC COMMUNITIES

While the evidence around loneliness is generally insufficiently granular to identify with certainty its different impacts on particularly ethnic groups, studies of loneliness among older people tend to suggest that some minority ethnic communities are significantly more vulnerable to loneliness than other groups.⁵⁷

Similarly, in ACEVO's recent study of loneliness among young people in London, analysis of calls to the Get Connected helpline showed that young people from minority ethnic communities, and particularly Asian girls, were significantly over-represented among the young people calling to discuss problems with loneliness and isolation.⁵⁸

One sub-group of BME individuals that is often highlighted as being at particular risk of loneliness are recent migrants and refugees. Working from Rokach's theory of the causes of loneliness, we can see that relocation in itself can increase risk of loneliness and many migrants face additional challenges around stigmatisation, as well as practical challenges such as limited resources. While the evidence around migrants' experience of loneliness is somewhat limited a recent report by the migrants' organisation The Forum, looking at the experience of migrants in London found that loneliness was one of the most

significant issues facing this group – with 58 per cent of migrants and refugees taking part in the research describing loneliness and isolation as their biggest challenge living in London.⁵⁹

PEOPLE WITH LEARNING DISABILITIES

Children with learning disabilities have been recognised as having a significant, and in some cases distinct, experience of loneliness in childhood.⁶⁰ And the evidence suggests that young people and adults with learning disabilities are also particularly challenged by loneliness. In a survey by the Learning Disability Coalition of over 200 people with a learning disability, their families and carers, 51 per cent of people surveyed said that they feel lonely and 64 per cent do not get to see their friends as often as they would like.⁶¹

MENTAL AND PHYSICAL ILL-HEALTH AND DISABILITIES

The literature around older people also clearly draws out the links between loneliness and mental and physical ill health, and more recently evidence has emerged that not only are people who experience mental or physical ill health more likely to become lonely, but also that loneliness harms health.⁶² Interestingly the evidence seems to back up these correlations across all adult age groups, so far as the limited data allows.

Work among children also demonstrates a link between disability and loneliness.⁶³ And there are clear links between disability and loneliness across adulthood, with research commissioned by Sense among 1004 disabled people showing that 23 per cent of disabled people feel lonely on a typical day, rising to well over a third (38 per cent) for young disabled people aged 18 to 34. 77 per cent of young disabled adults also said they felt greater barriers than non-disabled people in making and sustaining friendships. And six per cent of respondents said they had no friends at all.⁶⁴

“It will be important to understand how the experience of loneliness relates to individuals’ wider experiences and to what extent unaddressed loneliness and isolation can be a barrier to addressing individuals’ wider circumstances”

These figures are also backed up by data collected as part of the Adult Social Care outcomes framework, which suggests that people who experience long-term ill-health and/or disability and who are in receipt of formal care experience higher levels of loneliness – with fewer than half of users of social care and carers having as much social contact as they would like.⁶⁵

PEOPLE FACING SERIOUS AND MULTIPLE DISADVANTAGES

Finally there is a body of literature relating to loneliness among various disadvantaged groups, including homeless people, people in the criminal justice system, people who use drugs and alcohol, women who have experienced domestic violence etc. Much of this evidence has been contributed by Ami Rokach, and is based on studies in the USA.

As noted above, Rokach has theorised that the predominant causes of loneliness are personal inadequacies, developmental deficits; unfulfilling intimate relationships; relocation or significant separations and social marginality⁶⁶. The aim of his studies among disadvantaged groups has been less to quantify the extent of loneliness among these groups, as to build a deeper understanding of its nature and causation – examining personality traits and personal circumstances.

In examining the experiences of disadvantaged groups Rokach concludes that their experiences of loneliness are based on different – and, significantly, more intense – experiences of the underlying causal factors. His work draws out the fact that many of the causes of loneliness are in fact also defining features of the experiences of these disadvantaged groups.⁶⁷

In this way these studies demonstrate why loneliness may be a particular feature of the lives of those experiencing multiple disadvantages. We know that boundaries between different disadvantaged groups are fluid and overlapping – with many individuals experiencing multiple disadvantages at once⁶⁸ – and as Rokach’s work shows, there are many shared features between their experiences.

Furthermore, the limited data available from the UK suggests that loneliness is indeed a significant issue for disadvantaged groups – for example, a study by Crisis among homeless people in the UK which found that 61 per cent were lonely.⁶⁹

Here in the UK there is growing interest in understanding how the relationships and social networks held by people experiencing multiple disadvantage might be linked to their wider outcomes, and to understanding the extent to which focussing on addressing loneliness and developing relationships should be a focus for intervention.⁷⁰ In determining approaches to loneliness among those experiencing multiple disadvantage it will be important to understand how the experience of loneliness relates to individuals’ wider experiences and to what extent unaddressed loneliness and isolation can be a barrier to addressing individuals’ wider circumstances.

7

RESILIENCE APPROACHES

The Calouste Gulbenkian Foundation were interested to understand the extent to which interventions which aim to build resilience and wellbeing, which have been developed to support individuals to better manage life transitions, might support efforts to prevent loneliness throughout the life course. As noted above, the Foundation is already supporting programmes aimed at building the evidence for resilience interventions around retirement, but to what extent does the evidence suggest that such interventions will impact loneliness specifically, and could such interventions be more widely applicable to other transitions?

As discussed above, while the specific evidence around the links between loneliness and life transitions is limited, there is evidence to suggest that our experiences of transitions may impact on our loneliness and that a focus on transitions may be a helpful approach to addressing loneliness through the life course.

And as we will go on to discuss, while the specific evidence around resilience interventions and loneliness is limited, there is, similarly, reason to believe that supporting individuals to develop new skills and to cope with challenges more effectively may well be helpful in protecting them against loneliness – i.e. to suggest that the risk factors for loneliness may be modifiable.

The literature around children's experience of loneliness points to a range of potentially modifiable factors which influence children's experience of loneliness including the quality of interparental and parent-child relationships; skills in communicating emotions and their broader social skills. Qualter argues that it may be possible to develop specific interventions tailored to children's development stages to give them the skills to cope with loneliness and to effectively respond to the reaffiliation motive.⁷¹ Margalit states:

“A resilience approach emphasized the promotion of personal assets as well as increasing family or educational resources as an effective support. The internal resources that were critical for the prevention of loneliness included the promotion of positive self-perceptions and academic competence, the enhancing of age-appropriate social skills to enable satisfactory peers' relations, self-efficacy for age-appropriate leisure activities, and participation in extracurricular and community activities. The planning of prevention efforts involved both the family and the school environments.”⁷²

Similarly, for adults, given our understanding of the personal attributes, behaviours and experiences which create increased risk of loneliness, as identified by Rokach, Hensley et al., Cacciopo and Hawkey, etc, it would seem there may be potential for intervention.⁷³ If we can find ways of modifying people's behaviours and of supporting them to develop new skills and attributes, then it may be possible to offer individuals some protection against, or respite from, chronic loneliness.

In their recent meta-analysis of data on the effectiveness of loneliness interventions, Masi et al found that approaches addressing “maladaptive social cognition” – including Mindfulness and Cognitive Behavioural Therapy – were the most effective form of intervention in addressing loneliness.⁷⁴ In this way it is clear that modifying people's responses to social behaviours is possible, and can be effective among those who are already lonely – to develop resilience initiatives we would need to apply similar approaches to those at risk of loneliness.

Drawing on the literature, it would seem that initiatives which focus on general self-efficacy and competence, self-esteem, and on building social skills and positive relationships would seem to have some potential for increasing the presence of the factors we know offer some protection against chronic loneliness. For those who are already lonely, initiatives aimed at addressing and correcting the generally more negative expectations and responses to social behaviour that have been observed among those experiencing chronic loneliness, would seem similarly promising.⁷⁵

“It is clear that most initiatives have yet to develop an explicit narrative as to how the characteristics, skills and resources developed through resilience initiatives may be expected to help prevent future loneliness”

However what is less clear is whether resilience initiatives as currently constructed are sufficiently focussed on the specific aspects of personality, skills and cognition that would most effectively address loneliness. The evidence to suggest that current resilience initiatives provide effective protection against loneliness is extremely limited.

One of the reasons for this lack of data may be the fact that clearly it is difficult to assess the impact of resilience initiatives on the issues they are intended to prevent, as this requires long term follow up studies among participants, and ideally the identification of a comparable population not in receipt of the intervention to act as a control. A more fruitful approach, however, may be to develop a set of proxy measures for loneliness impact – based on our understanding of the risk and protective factors for loneliness, which include a range of personal attributes, wider assets and resources – and to assess the impact of resilience initiatives against these.

The Shaftesbury Partnership’s Retirement Transition Initiative, which was supported by the Calouste Gulbenkian Foundation as part of its wider work on retirement, sought to build in an emphasis on relationships into its programmes which were aimed at supporting individuals through the retirement transition. The programme was neither explicitly focussed on loneliness, nor did it measure the impact on loneliness, however it was able to show positive impact on people’s sense of having a supportive social network and on a range of other factors which may be helpful as proxy measures.⁷⁶

Similarly, Mind’s Mental Health Resilience programme, which worked with new mothers and unemployed men also included an explicit focus on building social networks and social capital as a means of preventing mental health issues. The programme measured levels of social support before and after intervention and found that most participants experienced positive change on these measures.⁷⁷ However there was variation in the precise offer made to participants, and the extent to which the programmes sought to build social networks and social support and, again, no specific measurement of loneliness among participants.

While many other resilience initiatives include modules or sessions on social skills, on building social capital and improving relationships etc, few have explicitly focussed on preventing or addressing loneliness, and none we identified had measured levels of loneliness among participants before and after intervention. A study by Windle et al in 2010 highlighted the relative lack of evidence overall around the effectiveness of resilience initiatives, so this lack of specific evidence in relation to impact on loneliness is perhaps unsurprising.⁷⁸

However, as noted above, while measuring the impact of resilience interventions on loneliness levels *per se* may be challenging, it ought to be possible to construct a framework of proxy measures, based on our wider understanding of the risk and protective factors for chronic loneliness. However it is clear that most initiatives have yet to develop an explicit narrative as to how the characteristics, skills and resources developed through resilience initiatives may be expected to help prevent future loneliness.

As the Calouste Gulbenkian Foundation’s own work on *Transitions in Later Life* continues to roll forward, there may be opportunities to start to close these gaps and – given the wide range of transitions with potential implications for loneliness – it will be important to ensure that emerging evidence is widely shared among those working at other life stages and with other groups.

There may also soon be new learning to share around interventions for children and young people – with a new programme of work by the Early Intervention Foundation and Joseph Rowntree Foundation now starting to look at social and emotional learning and couple and family relationships⁷⁹ and a number of funders, including the Cooperative Foundation, showing an interest in youth loneliness.

At this stage, however, it would seem it is not possible to state with certainty whether resilience interventions have any impact on levels of loneliness, and it is likely that a more explicit focus on building an understanding of loneliness in to the design, delivery and measurement of such schemes would be necessary to ensure their effectiveness.

8

CONCLUSIONS AND RECOMMENDATIONS

What conclusions can we draw from this review of the current state of knowledge about loneliness across the life course? A number of things are clear:

- The evidence around the extent and experience of loneliness through childhood, youth and early adulthood is limited.
- It is not possible to make definitive statements around the age at which the risk of loneliness is greatest among individuals in the UK.
- The evidence there is suggests that there is a reasonable degree of consistency in the levels of loneliness across adulthood – indicating that chronic loneliness is experienced by a significant and substantial minority of people (of around 10–15 per cent) across life stages.
- The data is not sufficiently robust to give significant insight into the characteristics of those who are lonely in the UK, in early and middle adulthood.
- This lack of evidence also makes it difficult to assess which transitions are impacting levels of loneliness in the UK, and how they impact.
- However, our theoretical understanding of loneliness, coupled with evidence from studies from other countries and among smaller cohorts suggest that our experience of major life events and transitions is likely to have a bearing on our risk of loneliness.
- Furthermore this theoretical understanding of the nature of loneliness points to the potential for providing support to individuals to bolster their protection against loneliness through the life course.

Given these findings, then, what should be the focus for action in future years? Based on our investigations, we make the following recommendations:

FOR CENTRAL GOVERNMENT:

The gaps in evidence around loneliness at earlier life stages are a major barrier to our understanding of the scope and scale of the issue. However, what evidence does exist suggests that loneliness is at least as great a problem at earlier adult life stages as it is in later life; and that it is a significant cause of distress and concern among children and young people.

Closing the evidence gaps would most effectively be achieved by including questions on loneliness in major national surveys. It would be particularly helpful to use longitudinal surveys, to allow us to track loneliness across time for individuals.

We recommend that the Government takes action to include specific questions on loneliness, using respected measurement scales, in the Understanding Society survey and as part of the measures of children’s mental health and wellbeing.

FOR OTHER NATIONAL ACTORS, INCLUDING VOLUNTARY SECTOR ORGANISATIONS:

As long as there is a gap in large-sample national surveys around loneliness, national organisations, and often voluntary sector organisations, with an interest in loneliness will continue to commission smaller scale studies of levels of loneliness among different groups.

As was discussed, inconsistency in the questions asked in these surveys, and in the response scales offered mean that these results are not comparable and often appear contradictory. Taking the questions used in the ELSA study as a standard measure would be one way to achieve comparability of results not only between surveys, but also with this rich source of data on older adults.

We recommend that organisations commissioning surveys to assess levels of loneliness use consistent, recognised and respected measurement systems.

FOR SERVICE DELIVERY ORGANISATIONS:

There is clear evidence demonstrating the impact of loneliness on wider health and wellbeing; showing the links between transitions and risk of loneliness; and pointing to the potential for the risk factors for loneliness to be modifiable. As such it is a missed opportunity not to assess whether existing resilience approaches might also be effective in bringing down levels of loneliness over the longer term.

We recommend that organisations developing resilience interventions build an understanding of the risk and protective factors for loneliness into their service design, and evaluate their impact both on these factors, and (ideally) on levels of loneliness among participants over time.

FOR FUNDERS AND COMMISSIONERS:

While the evidence around loneliness in early and middle life is limited, it is clear that there is growing interest in loneliness as “not just” an older people’s issue but rather something which affects us and impacts us throughout the life course. And this interest has spawned (or perhaps been spawned by) a number of recent, ad hoc surveys on levels of loneliness which have enabled increased media and political discourse, and fostered awareness and interest among funders and commissioners and within service delivery organisations.

This review has demonstrated that, in this context, approaching the “problem” of loneliness through the lens of transitions, and focussing in particular on those who undergo multiple risky transitions in their life course, may be fruitful. However, it has also shown that work in this field remains embryonic. The collaboration between the Calouste Gulbenkian Foundation and Centre for Ageing Better is starting the process of building an evidence base for practical action in this area, and the work by the Early Intervention Foundation holds promise, but to capitalise on the opportunities we need better evidence, and effective learning must be shared, with insights translated rapidly into action.

We recommend that funders and commissioners should support work to close the gaps in evidence around loneliness through the life course. Funders should support research that uses respected and rigorous measures of loneliness. In the absence of big data sets it makes sense to **focus on those groups which seem likely to be at particular risk of becoming lonely** – e.g. looked after children, people with experience of domestic violence, people experiencing multiple disadvantage etc.

We recommend that funders and commissioners with an interest in resilience and transition consider how insights into which groups may be at greatest risk of loneliness, and which factors protect against loneliness, can be built into their wider programmes.

We recommend that funders, commissioners, and others working on resilience initiatives, collaborate to share learning and insights from work across different stages of the life course. Given their leading role, the “what works” centres – including the Centre for Ageing Better, the What Works Centre for Wellbeing and the Early Intervention Foundation – may be well placed to coordinate these efforts.

REFERENCES

1. <http://www.campaigntoendloneliness.org/about-the-campaign/research-hub/>
2. Perlman, D, Peplau L. (1981) *Toward a Social Psychology of Loneliness*. Personal Relationships 3: Personal Relationships in Disorder
3. Weiss, R (1973), *Loneliness: the experience of emotional and social isolation*. Cambridge MA: MIT Press
4. <http://www.campaigntoendloneliness.org/about-loneliness/>
5. Cacioppo, J T, Hawkey L, Ernst J, Burleson M, Berntson G, Nouriani, B, Spiegel D (2006) *Loneliness within a nomological net: An evolutionary perspective* Journal of Research in Personality, 40, 1054–1085
6. Qualter, P, Vanhalst J, Harris R, Van Roekel, E, Lodd, G, Bangee, M, Maes, M, Verhagen, M (2015) *Loneliness across the lifespan*, Perspectives on Psychological Science, Vol 10 (2) 250–264
7. <http://www.elsa-project.ac.uk/>
8. http://www.iscet.pt/sites/default/files/obsolidao/Artigo_base_ucla_loneliness_scale_v3.pdf
9. <https://www.understandingsociety.ac.uk/>
10. Christina R. Victor & Keming Yang (2012) The Prevalence of Loneliness Among Adults: A Case Study of the United Kingdom. The Journal of Psychology, 146:1–2, 85–104
11. Cacioppo J, Hawkey L *Loneliness* Chicago Center for Cognitive & Social Neuroscience <http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/cho9.pdf>
12. Griffin, J. (2010) *The Lonely Society*, Mental Health Foundation
13. <http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys-eqls/european-quality-of-life-survey-2012>
14. http://www.comres.co.uk/wp-content/uploads/2015/02/BBC_Loneliness_Survey_data_tables_December_20141.pdf
15. Jopling, K (2014), *Measuring the impact of services on loneliness: A scoping study*; Campaign to End Loneliness
16. Murphy, S, Shevlin, M (2011) *Loneliness in Northern Ireland Adolescents*, ESRC research update
17. NSPCC (2015) *Always there when I need you*
18. Action for Children (2009) *Stuck in the middle: the importance of supporting six to 13 year olds*, Action for Children
19. Murphy, S, Shevlin, M (2011) *Loneliness in Northern Ireland Adolescents*, ESRC research update
20. Margalit, M. (2010) *Lonely children and adolescent: Self perceptions, social exclusion and hope*, Springer
21. <http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/childrenswellbeingmeasures>
22. <http://www.campaigntoendloneliness.org/>
23. Bolton, M. (2013) *Loneliness: The State We're In*; Age UK Oxfordshire
24. Bolton, M. (2013) *Loneliness: The State We're In*; Age UK Oxfordshire
25. Bolton, M. (2013) *Loneliness: The State We're In*; Age UK Oxfordshire
26. Bolton, M. (2013) *Loneliness: The State We're In*; Age UK Oxfordshire
27. See Burholt, V, and Scharf, T (2011) in *Safeguarding the Convoy: a call to action from the Campaign to End Loneliness*. Age UK Oxfordshire
28. Qualter, P, Vanhalst J, Harris R, Van Roekel, E, Lodd, G, Bangee, M, Maes, M, Verhagen, M (2015) *Loneliness across the lifespan*, Perspectives on Psychological Science, Vol 10 (2) 250–264
29. Ref to research on loneliness and cardiovascular
30. Margalit, M. (2010) *Lonely children and adolescent: Self perceptions, social exclusion and hope*, Springer
31. <http://www.campaigntoendloneliness.org/wp-content/uploads/2.-Christina-Victor-to-share.pdf>
32. Johnson, DP and Mullins, LC (1987). *Growing old and lonely in different societies: toward a comparative perspective*. Journal of Cross-Cultural Gerontology, 2: 257–75
33. Margalit, M. (2010) *Lonely children and adolescent: Self perceptions, social exclusion and hope*, Springer
34. Margalit, M. (2010) *Lonely children and adolescent: Self perceptions, social exclusion and hope*, Springer
35. Hensley, B, Martin, P, Margrett, J, MacDonald, M, Siegler, I, Poon, L (2012) *Life events and personality predicting loneliness among centenarians: Findings from the Georgia centenarian study*, The Journal of Psychology 146(1–2) 173–188
36. Rokach A, Brock, H (1996) *The causes of loneliness* The Journal of Psychology, 123, 369–384
37. <http://www.gulbenkian.org.uk/our-work/transitions-in-later-life.html>
38. Robertson, G (2014) *Transitions in Later Life: Scoping Research*, Positive Ageing Associates <https://www.dropbox.com/s/igug91sh3n3cnzo/Transitions%20oin%20Later%20Life%20-%20ofinal.pdf>
39. <https://www.ageing-better.org.uk/news/quarter-people-50-struggle-major-changes-later-life/>
40. NAO (2015) *Care leavers' transition to adulthood*, NAO <https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood-summary.pdf>
41. Devereux, C (2014) *Survival of the fittest? Improving life chances for care leavers*, Centre for Social Justice http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Care_Report_28.01.14_web.pdf
42. Relate (2015), *The Way We Are Now 2015*, Relate
43. <http://survation.com/quarter-of-parents-feel-cut-off-from-means-of-support-survation-poll-for-action-for-children/>
44. Carers UK (2015) *Alone and caring Isolation, loneliness and the impact of caring on relationships* Carers UK <http://www.carersuk.org/for-professionals/policy/policy-library/alone-caring>
45. Carers UK (2015) *Alone and caring Isolation, loneliness and the impact of caring on relationships* Carers UK <http://www.carersuk.org/for-professionals/policy/policy-library/alone-caring>
46. Van Tilburg, T, Aartsen, M, Van Der Pas, S (2015) *Loneliness after divorce: A cohort comparison among Dutch young-old adults*, European Sociological Review, Vol 31, Number 3, 243–252
47. Van Tilburg, T, Aartsen, M, Van Der Pas, S (2015) *Loneliness after divorce: A cohort comparison among Dutch young-old adults*, European Sociological Review, Vol 31, Number 3, 243–252

48. Russell, D, Peplau, L. A., & Ferguson, M. L. (1978). *Developing a measure of loneliness*. *Journal of Personality Assessment*, 42, 290–294.
49. Shaver, P, Urwman, W, Buhrmester, D (1985) *Transition to college: Network changes, social skills and loneliness*. In S Duck and D Perlman (Eds) *Understanding personal relationships: an interdisciplinary approach* (pp. 193–219) Thousand Oaks, CA: Sage Publications
50. Christina R. Victor & Keming Yang (2012) The Prevalence of Loneliness Among Adults: A Case Study of the United Kingdom, *The Journal of Psychology*, 146:1–2, 85–104
51. Tabrizi, G, Nartey, A, Simmons, R, Thompson, R, (2014) *Engaging young people not in education, employment or training The case for a Youth Resolution*, UCU
52. Beach, B, Bamford SM (2014) *Isolation: the emerging crisis for older men*, Independent Age
53. <http://www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/CONDEM%20-poverty-report.pdf>
54. Webster et al (2004) *Poor Transitions: Young Adults and Social Exclusion*
55. The Transition Mapping Study Understanding the transition process for Service personnel returning to civilian life August 2013
56. <https://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf>
57. Victor CR1, Burholt V, Martin W. (2012) *Loneliness and ethnic minority elders in Great Britain: an exploratory study*. *J Cross Cult Gerontol*. 2012 Mar; 27(1):65–78
58. Kelly, L, Dixon, S, Singh, A (2016) *Coming in from the cold: Why we need to talk about loneliness among our young people*, ACEVO
59. <http://migrantsorganise.org/wp-content/uploads/2014/09/Loneliness-report-The-Forum-UPDATED.pdf>
60. Margalit, M. (2010) *Lonely children and adolescent: Self perceptions, social exclusion and hope*, Springer
61. http://www.learningdisabilitycoalition.org.uk/download/PFL-report_32pp-web.pdf
62. Safeguarding convoy / state we're in / loneliness harms health
63. Margalit, M. (2010) *Lonely children and adolescent: Self perceptions, social exclusion and hope*, Springer
64. <https://www.sense.org.uk/sites/default/files/11636-FriendshipReport-Sngl-MR.pdf>
65. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf
66. Rokach A, Brock, H (1996) *The causes of loneliness* *The Journal of Psychology*, 123, 369–384
67. Rokach, A (2001) *Criminal Offense Type and the Causes of Loneliness*, *The Journal of Psychology*, 135:3, 277–29; Rokach, A (2002) *Determinants of Loneliness of Young Adult Drug Users* *The Journal of Psychology*, 136:6, 613–630, Rokach, A (2004) *The Lonely and Homeless: Causes and Consequences* *Social Indicators Research* 69: 37–50, 2004; Rokach, A (2005) *The Causes of Loneliness in Homeless Youth*, *The Journal of Psychology*, 139:5, 469–480; Rokach, A (2005) *The causes of loneliness in homeless youth*, *The Journal of Psychology*, 139:5 469–480; Rokach, A (2007) *Loneliness and Intimate Partner Violence*, *Social Work in Health Care*, 45:1, 19–31.
68. <http://meam.org.uk/>
69. http://www.crisis.org.uk/data/files/publications/LonelinessReport_FINAL.pdf
70. See work of Rebeca Sandu at Dartington Social Research Unit on social networks and disadvantage
71. Qualter, P, Vanhalst J, Harris R, Van Roekel, E, Lodd, G, Bangee, M, Maes, M, Verhagen, M (2015) *Loneliness across the lifespan*, *Perspectives on Psychological Science*, Vol 10 (2) 250–264
72. Margalit, M. (2010) *Lonely children and adolescent: Self perceptions, social exclusion and hope*, Springer
73. Rokach A, Brock, H (1996) *The causes of loneliness* *The Journal of Psychology*, 123, 369–384; Hensley, B, Martin, P, Margrett, J, MacDonald, M, Siegler, I, Poon, L (2012) *Life events and personality predicting loneliness among centenarians: Findings from the Georgia centenarian study*, *The Journal of Psychology* 146(1–2) 173–188; Cacioppo J, Hawkley L *Loneliness* Chicago Center for Cognitive & Social Neuroscience <http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/cho9.pdf>
74. Masi, C, Chen, H, Hawkley L, and Cacioppo T. (2011) *A Meta-Analysis of Interventions to Reduce Loneliness* *Pers Soc Psychol Rev*. 2011 August ; 15(3):
75. Cacioppo J, Hawkley L *Loneliness* Chicago Center for Cognitive & Social Neuroscience <http://psychology.uchicago.edu/people/faculty/cacioppo/jtcreprints/cho9.pdf>
76. <http://www.shaftesburypartnership.org/sites/default/files/downloads/151217%20RTI%20summary%20evaluation%20report.pdf>
77. Robinson ,M, Steen M, Robertson S, Raine G (2014) *Evaluation of the Local Mind Resilience Programme – Final report July 2014*, Mind
78. Windle G, Salisbury K, Cielsa M (2010) *Interventions to Promote Resilience*, Challenges and healthy ageing: the role of resilience across the life course
79. <http://www.eif.org.uk/upcoming-work/>



10

20

30

40

50

60

70

80

90

ABOUT THE CALOUSTE GULBENKIAN FOUNDATION

The Calouste Gulbenkian Foundation is an international charitable foundation with cultural, educational, social and scientific interests. Based in Lisbon with branches in London and Paris, the Foundation is in a privileged position to support national and transnational work tackling contemporary issues. The purpose of the UK Branch, based in London, is to bring about long-term improvements in wellbeing particularly for the most vulnerable, by creating connections across boundaries (national borders, communities, disciplines and sectors) which deliver social, cultural and environmental value.