

Compendium

# Introduction: Developing national indicators of loneliness

Why loneliness should be investigated, the rationale for national indicators across all ages and how we define loneliness.

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# 1 . Why does “loneliness” matter?

Loneliness is a feeling that most people will experience at some point in their lives. However, prolonged and extreme exposure to loneliness can seriously impact an individual’s well-being, and their ability to function in society. As loneliness has been shown to be linked to poor physical and mental health, and poor personal well-being with potentially adverse effects on communities, it is an issue of increasing interest to policy-makers at local and national levels as well as internationally.

In January 2018, the Prime Minister tasked Office for National Statistics (ONS) with developing national indicators of loneliness suitable for use on major studies to inform future policy in England, including people across society and of all ages. We have worked with the cross-government Tackling Loneliness Team and a Loneliness Technical Advisory Group (TAG) comprising experts in loneliness measurement and analysis to agree a working definition of loneliness, and ideal criteria for the indicators and for the collection of data.

The [Jo Cox Commission on Loneliness](#) published its manifesto in 2017, setting out a series of recommendations to central government as well as local authorities and wider civil society. In response to their recommendations, the Prime Minister set out the government’s plans in January 2018, which included appointing a Minister for Loneliness and committing the government (as well as other commitments) to:

- develop the evidence-base around the impact of different initiatives in tackling loneliness, across all ages and within all communities
- establish appropriate indicators of loneliness across all ages with ONS so these figures can be included in major research studies

Agreeing a definition for loneliness is crucial for proceeding with the government’s work programme, but it has specific implications when considering and establishing measurement. There are many definitions for loneliness that are currently in use and the lack of harmonisation could lead to users being unable to compare measures of loneliness between different datasets and outputs. A consistent definition of loneliness will be useful to those in central or local government who are considering how best to measure loneliness in accordance with the [government’s Loneliness Strategy](#) announced in October 2018. It will also be helpful to those working in academia or the private sector who would like to measure loneliness as part of their work and make a positive contribution to the evidence base on loneliness.

## 2 . Why do we need national indicators?

As part of their [call to action \(PDF, 2.6MB\)](#), the Jo Cox Commission highlighted the need for a “national indicator of loneliness” to enable better measurement of progress towards preventing and alleviating loneliness. This is based on their observation that:

“Over the years, studies on loneliness have reached different conclusions about the levels and overall distribution of loneliness across the UK and among different groups. Studies have found relatively consistent levels of chronic loneliness among older people – with between five and 15 per cent reporting that they are often or always lonely. However, we have much less robust data on loneliness among children, young people and adults of working age.”

One of the reasons why studies may have reached different conclusions is that various approaches have been used to measure loneliness, potentially leading to quite different results. Additionally, terms such as “loneliness” and “social isolation” are often used interchangeably, though they are separate concepts requiring different approaches to measurement. This can confuse the picture further.

The rationale for recommending national measures of loneliness is to address these deficits in the evidence base by:

- encouraging more consistent use of standard measures of loneliness, enabling more robust comparisons between studies
- adapting measures for use among children and young people, to enable consistent measurement of loneliness among those aged from 10 to 15 years
- addressing the lack of conceptual clarity by recommending measures focused on the subjective experience of loneliness (rather than social isolation or other related concepts)

### 3 . Defining “loneliness” and the criteria required in national indicators

There are a range of ways in which national measures of loneliness may be used; these include:

- improving our understanding of loneliness across all ages
- monitoring loneliness across the population and for specific sub-groups
- capturing changes in prevalence or groups most affected over time
- enabling comparisons of local estimations of loneliness with national estimates or between estimates of local service providers with estimates for the wider population in the area
- bringing greater measurement consistency and build the evidence on loneliness in a more coherent way
- enabling decision-makers in government, private sector and the third sector to take action on the basis of the findings
- enabling resources to be effectively prioritised and targetted at those most in need
- enabling service providers to measure and demonstrate the impact of their work

This range of uses meant looking at various criteria we might seek in our national indicators of loneliness. Therefore, first of all, it was crucial to define:

- what we meant by the term “loneliness” and how it could be defined
- what the ideal standard(s) associated with indicators of loneliness were

The definition of loneliness adopted for our purposes is aligned to the definition used by the Jo Cox Commission and in the [Loneliness Strategy](#), which is based on a definition first suggested by [Perlman and Peplau in 1981](#):

“A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.”

Although it was unlikely that any single measure could fulfill all our ideal criteria, the following served as a useful checklist for comparing how well different measures performed:

- appropriate for relevant age groups (from age 10 years and over)
- suitable for use with diverse ethnic groups (ideally including those with limited English)
- captures self-perceived loneliness (whether respondents consider themselves to be lonely)
- captures severity of loneliness – including frequency, intensity and duration
- does no harm to respondents
- does not stigmatise loneliness
- reliable, but sensitive to change over time
- able to be used easily on national surveys as well as local resident surveys, local programme evaluations and so on (without adding too much time, expense, respondent burden)
- tested for administration via different modes with clear guidance available
- produces internationally-comparable findings
- validated for use with “clinical” populations (to meet the needs of people with chronic health problems, including mental health challenges)

## 4 . Identifying where and how to collect loneliness data

As well as considering what we wanted in the indicators, we also took into account the types of surveys where the measures could most helpfully be used. Working with the Loneliness Technical Advisory Group (TAG), we identified a range of criteria regarding the design, sample and geographical coverage of the surveys on which we would ideally like the measures to be placed, including:

- longitudinal surveys to measure durations of loneliness and transitions in and out of loneliness
- cross-sectional surveys to enable regular monitoring of prevalence across the population using representative samples
- large samples to enable greater granularity (smaller geographical areas, further breakdowns by sociodemographic characteristics, further information about specific groups).
- ethnic boosts for understanding differences between ethnic groups, including immigrants
- surveys of children and young people as well as adults to capture the full age range
- surveys incorporating well-being measures and measures of mental and physical health or illness, and other relevant impacts and risk factors
- surveys linked to activities associated with loneliness or increased social connectedness such as sport, volunteering, culture or arts
- geographical coverage of England at a minimum

The way the survey is administered is also an important consideration, but the “ideal” form of administration is likely to vary depending on the needs of the group in question. For example, older people may find face-to-face surveys preferable to those administered online, while younger people may prefer the latter.

Feedback from the TAG members also suggested that there may be “good enough” approaches that could be adopted if the “ideal” is not feasible. For example, it may be possible to measure durations of loneliness by asking questions about this on cross-sectional surveys like the [BBC Loneliness Experiment](#), as well as seeking to include the indicators on longitudinal surveys.

To contribute to the wider roll-out of the [Loneliness Strategy](#), we considered possible surveys that could include the loneliness measures and made suggestions to colleagues from the Loneliness Strategy Team at the Department for Digital, Culture, Media and Sport (DCMS) who liaised with survey managers about their possible inclusion. The list of surveys which will include our recommended indicators for loneliness can be found in [Measuring loneliness: guidance for use of the national indicators on surveys](#).

## 5 . Addressing the need for indicators across all ages

Loneliness can occur at any point in life and is an experience likely to affect most of us at some point. It becomes a more serious issue, associated with poor health outcomes, when it is a frequent experience. The [Loneliness Strategy](#) summarised some of the most important known effects of loneliness in the following way:

“Feeling lonely frequently is linked to early deaths. Its health impact is thought to be on a par with other public health priorities like obesity or smoking. Research shows that loneliness is associated with a greater risk of inactivity, smoking and risk-taking behaviour; increased risk of coronary heart disease and stroke; an increased risk of depression, low self-esteem, reported sleep problems and increased stress response; and with cognitive decline and an increased risk of Alzheimer’s. What’s more, feeling lonely can make a person more likely to perceive, expect and remember others’ behaviour to be unfriendly. This can increase social anxiety and cause them to withdraw further, creating a vicious cycle.”

“... Feeling lonely frequently has a direct impact on individuals and can also have wider effects for society. For example, lonely people are more likely to be readmitted to hospital or have a longer stay. There is also evidence that lonely people are more likely to visit a GP or A&E and more likely to enter local authority funded residential care. At work, higher loneliness among employees is associated with poorer performance on tasks and in a team, while social interaction at work has been linked to increased productivity. A study by the Co-op and New Economics Foundation attempted to calculate the cost of this, estimating that loneliness could be costing private sector employers up to £2.5 billion a year due to absence and productivity losses”.

The evidence on loneliness is currently quite patchy. We have much more robust and extensive data on loneliness in older people, but much less for other age groups including children and young people. The same quality and quantity of data does not exist for younger people’s experiences of loneliness. We know much less about why younger people become lonely and how this compares with factors associated with loneliness in older people.

Questions about loneliness are sometimes included on major studies of children and young people (for example, [the Millennium Cohort Study](#); [the Environmental Risk Longitudinal Twin Study](#)). However, there are currently no national studies regularly collecting data on loneliness in children and young people below the age of 16 years, while studies like the [English Longitudinal Study of Ageing](#) have been consistently collecting data on loneliness in older people for many years. We also need to understand more about the factors most associated with loneliness, what the effects of loneliness are for different people and how we can prevent or alleviate it. If more people measure loneliness in the same way, we will build a much better evidence base more quickly. This is why the Prime Minister asked Office for National Statistics (ONS) to develop national indicators of loneliness for people of all ages, suitable for use on major studies.