Loneliness:

What it is, how it affects young people, how it can be tackled, and the role of transport

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Purpose

This report is a summary of the evidence on loneliness, looking in particular at how loneliness can be defined, how it affects the population and specifically children and young people, what type of interventions can successfully tackle loneliness and what role transport plays in contributing to, and mitigating, loneliness.

What is loneliness?

Loneliness can be defined as a negative and unwelcome feeling that occurs when there is a gap between a person's actual and desired social relationships, and when the quality or quantity of such relationships does not meet their expectations. Loneliness is different from social isolation. Social isolation is objective and based on the number of people in a person's social network. Socially isolated people are defined as having few or no social ties. In contrast, loneliness is subjective and experienced, and can occur even when people are not socially isolated (Victor et al., 2018).

Loneliness can be transient, and most people will experience it during their lives. More problematic is when loneliness becomes chronic. Persistent feelings of loneliness can be harmful and lead to increased morbidity and mortality. Loneliness has been associated to several health conditions such as high blood pressure, coronary heart disease, and poor mental health and cognitive functioning (DGCMS, 2018).

The BBC Loneliness experiment, a large-scale questionnaire-based study led by academics at the University of Manchester (Hammond, no date), found that loneliness was associated with the following emotional states: Having nobody to talk to; Feeling disconnected from the world; Feeling left out; Sadness; Not feeling understood.

Traditionally, loneliness has been associated with old age and studies of loneliness have focused on older demographics. However, when the measures of loneliness started to be systematically collected by the UK Office of National Statistics (ONS), drawing on data from the Community Life Survey, the results were surprising. (Siva, 2020)

The 2016–17 survey found that one in twenty adults (or 5%) aged 16 and over in England reported feeling lonely "often/always". This figure, however, was twice as high (one in ten, or 10%) for young people aged 16-24. This age group was also least likely to report "never" experiencing loneliness, compared with all other age groups (ONS, 2018).

These results were replicated by the BBC Loneliness experiment (Hammond, no date). The online questionnaire survey of 55,000 people found that 40% of 16–24 year olds reported often feeling lonely, compared with 27% of those aged over 75 years. This finding was reported for young people across cultures, countries, and genders.

Overall, the evidence accumulated so far has identified a series of risk factors associated with loneliness (Qualter et al., 2022; Mental Health Foundation, 2022; ONS, 2018), as follows:

- Being widowed;
- Being single;
- Being unemployed;
- Living alone;
- Having a long-term health condition or disability;
- Living in rented accommodation;
- Being 16 to 24 years old;
- Being female;
- Having caring responsibilities;
- Being from an ethnic minority community;
- Being LGBTQ+;
- Lacking a sense of connection and belonging to the neighbourhood;
- Feeling dissatisfied with the local area as a place to live;
- Infrequently meeting up in person with family members or friends;
- Income: the relationship between income and loneliness is complex, but some evidence shows that low income can be associated with higher levels of reported loneliness.

The most recent report on the state of knowledge around loneliness, commissioned by the Department for Digital, Culture, Media & Sport (Qualter et al., 2022), recommended more research looking at community/neighbourhood level risk factors and place-based impacts on loneliness, and how these interact with individual factors to predict loneliness.

Young people and loneliness

It is important to understand how loneliness is experienced and conceptualised by children and young people and what the implications can be. Snape et al. (2018) found that children and young people have great difficulty admitting to and talking about loneliness, and report feeling embarrassed and seeing it as a possible "failing".

Because loneliness as a concept has been developed and tested primarily for (older) adults, the voices of younger generations who experience loneliness have been missing from such conceptualisation. Recent research conducted on Belgian and Italian adolescents aged 8–14 years (Verity et al., 2021) sought to address this gap by identifying key aspects of adolescence, such as friendships, which affect how loneliness is experienced. The participating adolescents conceptualised loneliness as a negative emotional state involving negative thinking patterns, associated with a perception of missing out on a desired aspect in their social relationships. Friendships with peers were crucial in shaping the loneliness experiences of participants, which for most occurred at school. The study found differences in friendship expectations across the adolescents' age spectrum, which suggest that developmental needs affect the loneliness

experience. Coping strategies used by adolescents focused on alleviating negative thought patterns and supporting social reconnection.

Further research conducted by the Mental Health Foundation and Leaders Unlocked (2021) found that persistent feelings of loneliness can lead to depressive, darker and hopeless thought patterns, such as: "It feels like you're not important, to anybody." "It feels like nobody needs you and you are not valuable." "Like you no longer exist." "Loneliness is a feeling of hollowness." "It doesn't feel real, like you are in a simulation." "A place of darkness." The young people involved in the study reported feeling lonely even when surrounded by others, thus experiencing loneliness as a profound sense of detachment and dislocation from those around them. Loneliness was also described as "a coping strategy to avoid hurt in the long run."

Whilst it is now acknowledged that young people report the highest levels of loneliness, evidence on the factors underpinning this vulnerability, and how such vulnerability varies across the age spectrum, has only started to emerge in the last few years.

Overall, the evidence from research studies using population data to identify the correlates of loneliness among adolescents link higher loneliness to poorer academic performance, school liking, and school trust (Qualter et al., 2022).

Qualitative research identified a range of factors that can contribute to loneliness in children and young people (Snape et al., 2018). Some are practical, social and emotional or mental barriers to participating fully in social life and activities, others are predictable transitions linked, for example, to the move from primary to secondary school, and on from secondary education. The study warned that multiple issues can trigger loneliness, including more extreme and enduring life events such as bereavement, disability, being bullied or mental health challenges, and this makes it more difficult for children and young people to move out of loneliness without help.

Further evidence highlights additional risk factors as well as knowledge gaps (Siva, 2020). Children who are not satisfied with the relationships with their family and friends, who have low self-esteem and low levels of trusting other people report experiencing loneliness more often. These factors can also predict prolonged loneliness. Among the knowledge gaps, the link between children's loneliness and their families and parents is poorly understood. The hypothesis is that children may mirror how their parents and carers interpret relationships, for example if others are seen as untrustworthy by the parents, children may also learn this belief. Whilst loneliness can be experienced by all socio-economic groups, some evidence suggests that restricted financial family resources can impact on feeling of loneliness because poorer children and young people cannot do or access the same things and opportunities that their wealthier friends can afford.

Research conducted by Marquez et al. (2022) using secondary data from over 6500 young people aged 16–24 years found modifiable social and community factors related to loneliness, as well as individual vulnerabilities. In terms of socio-demographics characteristics, their results showed that age, sexual orientation and health were associated with loneliness, as follows:

- Loneliness was higher among those aged 16 to 19 compared to older young people of 20 to 24 years of age.
- Sexual orientation (LGBTQI+ group) was an important predictor of loneliness, with the highest risk associated with 'other' sexual orientation, followed by gay or lesbian, and bisexual.

- Young people with chronic illness are more likely to be lonely than peers without such illness, but strong bonds with peers and community are important protective factors for preventing loneliness in this group.

These key individual vulnerabilities to loneliness, such as sexual orientation and mental well-being, must be acknowledged when designing interventions.

Mixed results were obtained on ethnic background. Being from an ethnic minority background was associated with reduced loneliness, although other research contends that ethnic minority status may increase loneliness because of discrimination.

Community environment was influential in youth loneliness, as were factors related to well-being. Higher perceived neighbourhood quality, sense of belonging to the neighbourhood, similarity to others in the neighbourhood, and frequent chatting to neighbours all related to lower levels of loneliness.

Young people who reported higher perceived neighbourhood quality and felt a greater sense of belonging to their communities were less likely to be lonely. This highlights the importance of developing interventions that promote involvement in the community and developing more inclusive communities.

Social media use was not a predictor of youth loneliness, while contrastingly, face to face contact was associated with reduced loneliness. Examples include going out with friends, having a greater number of close friends, a larger proportion of friends of a similar age, and a larger proportion of friends living in the local area, which were all linked to reduced loneliness.

No difference in rates of loneliness between young people resident in rural or urban areas was found, however there was some evidence that geographic region may account for a portion of the differences in loneliness in the sample, even after taking individual characteristics into account. The effect of some factors, such as ethnicity and sexual orientation, differed between regions, indicating critical place-based differences in experiences of loneliness. These findings suggests that it may be more effective to tackle loneliness at a more local level. National strategies to combat loneliness should be complemented with local-level initiatives, such as building inclusive communities and increasing community engagement.

Secondary analysis of a different dataset containing data from over 950 young people in England, aged 16-24, found that whilst loneliness is associated to poor wellbeing, there are factors that can protect against the negative effects of loneliness on wellbeing, including chatting to neighbours more often, or having a greater sense that there are people who are there for you (Goodfellow et al., 2022). In particular, amongst young people reporting the most loneliness, those with a greater perception that "people were there for them" had higher wellbeing than equally lonely peers with a reduced sense of this emotional support. Similarly, for the loneliest young people, those who reported increased communication with neighbours had higher wellbeing than equally lonely peers.

How to prevent and alleviate loneliness

Young participants in the qualitative research conducted by Snape et al. (2018) offered suggestions for tackling loneliness, such as: making it more acceptable to discuss loneliness at school and in society; preparing young people better to understand and address loneliness in themselves and others; creating opportunities for social connection; and encouraging positive uses of social media

The Mental Health Foundation and Leaders Unlocked (2021) produced a series of recommendations to prevent and alleviate loneliness in younger demographics. Mentor and buddy schemes were seen as the most attractive and beneficial. In-person was considered better than online. Social media can have mixed effects and needs to be approached with care. Whilst it can help connect with like-minded people, exposure to abuse/trolls can negate that beneficial effect.

A review of the international evidence on the effectiveness of interventions to alleviate loneliness at all stages of the life-course (Victor et al, 2018) found that loneliness was often examined in combination with a wider range of outcomes and that there is no one-size-fits all approach to loneliness interventions. The authors made the following recommendations:

- Focusing on person-centred and tailored loneliness interventions which are designed for the specific needs of a targeted population defined in terms of socio-demographic, vulnerability or types of loneliness, developing programmes to alleviate loneliness across the life course and with due attention to diverse population groups and social contexts and change over the life-course.
- When promoting programmes to alleviate loneliness, paying attention to the avoidance of stigma or the reinforcement of marginalisation isolation, emphasising the development of meaningful relationships rather than as 'loneliness' interventions which may be both unappealing and stigmatising.
- Developing programmes to alleviate loneliness which emphasise meaningful relationships and improved social connections for those who are lonely or at risk of loneliness.

This review however only included findings based on participants of 55 years and over, as evidence on other age groups did not meet the inclusion criteria for the review. Much less is known about what interventions are effective for reducing loneliness at earlier life stages. This lack of evidence specific to young and mid-life adults is a clear gap in the knowledge base and reflects the conceptualisation of loneliness as a problem of later life.

A more recent review of evidence by Eccles and Qualter (2021) identified large gaps in knowledge about the effectiveness of interventions specifically targeting young people. Whilst the interventions reported in the reviewed studies were shown to reduce loneliness, the interventions tended to target youth viewed to be at risk (for example those with health concerns) rather than youth who reported loneliness. The authors of the review recommend that interventions should be designed specifically for loneliness, with universal programmes helping youth manage their transient feelings of loneliness, and targeted interventions for those suffering from chronic loneliness. A further recommendation was that evaluations should be conducted to assess the effectiveness of interventions in reducing loneliness.

Through a review of the available evidence, the New Philanthropy Capital (Abrams, 2019) identified the following ten tips when designing an intervention to tackle loneliness, grouped in 4 themes:

Theme 1: Involving users

- Involving users in co-designing the intervention has been found to be effective in achieving the desired outcomes.
- Working with volunteers and using volunteering as a form of participation enhance self-confidence and connection to people and places.

- 'Asset-based' or 'strength-based' approaches, which build on local assets and strengths, rather than focusing on what needs to be fixed, have been found to be effective.

Theme 2: Building new relationships

- The most successful group activities aimed at reducing loneliness are those whose primary 'offer' was not social contact, but based on shared interest-for example, learning, health promotion, sport, music, support through difficult circumstances, etc. Activities should ideally be facilitated in a way that enables social contact to continue outside of the group, and not just limited to the session. Young people particularly require access to a reliable group of peers and adults that accept them and with whom they feel comfortable speaking about their lives.
- One-to-one connections need to feel genuine: For young people, mentoring and targeted individualised provision can provide frequent and structured contact with a youth worker, which can allow for stronger relationships to develop. Targeted programmes can focus on young people experiencing specific challenges in their lives, whether mental health issues, special educational needs, or around education and employment. Becoming a befriender can also have very positive impacts on lonely young people. When these activities are co-designed around a shared interest, they are also perceived more genuine, hence they are more beneficial.

Theme 3: Reducing the stigma

- Language must be used with care: Creating positivity around an issue can encourage people to engage and be a part of something that is working, rather than focusing on the problem. Stigma is a significant issue for people facing loneliness. Young people can often feel pressured to be perceived as perfect. This stigma and pressure can then reinforce their isolation and loneliness. Plain, accessible and positive language (e.g., 'champion' rather than 'volunteer', 'wellbeing' rather than 'loneliness') can help engaging with young people. Involving young people in setting a shared terminology can also help.
- The approach should be age positive, emphasising a healthy and active ageing, and rejecting negative stereotypes of ageing.

Theme 4: Reducing barriers to access.

- The focus on the neighbourhood: ONS (2018) data shows that people who feel that they belong to the neighbourhood and who trust others are also less likely to experience chronic loneliness.
- Transport should be facilitated. There is clear evidence that the built environment and local area infrastructure is essential to support vibrant social networks. Good transport links, community facilities and people-centred design are all important to help people to access work, stay healthy and remain linked into their communities. Residents living in walkable neighbourhoods are more likely to know their neighbours, maintain existing connections, participate politically, trust others, be involved socially (Leyden 2003).
- Digital technology should be harnessed, but carefully: There is evidence that digital technology can both exacerbate and help fight loneliness.

A report by the Mental Health Foundation for Mental Awareness Week 2022 collected new evidence on loneliness and how people experience it, and produced a series of recommendations to tackle loneliness. Among those, the following are very relevant and are in line with the points listed above:

- Investing in local communities to build the community resources needed to tackle loneliness.
- People from groups that are/feel excluded need to be actively included. Co-production and co-design techniques should be used to ensure that initiatives best reflect the needs of the communities they are intending to benefit.
- Building a greener lived environment that supports social contact. The national and local governments of the UK should focus their planning systems on delivering greener, biodiverse, pro-social public spaces that support people's health and wellbeing. The governments should embed 'universal design principles', which guarantee usability by the greatest number of people, and engage with seldom-heard groups to help build meaning and purpose into public spaces for these communities.
- Ensuring that everyone has access to digital communication technology, and the skills to use it, and respecting preferences for non-digital forms of communication.

Transport and loneliness

A review of the evidence on transport and loneliness (Williams *et al.*, 2022) found that, although the links between social exclusion and transport have been documented since the 1990s, there are fewer studies looking specifically at the effect of transport on loneliness. Overall, transport and loneliness appear related: people who report using different transport modes are less likely to feel lonely.

Transport and loneliness are connected in three different ways: transport is a means of reaching destinations where people meet with others; it is a 'third space' in which people meet others; and, finally, transport can be a positive and desired source of isolation and solitude. The review recommended that interventions support people in phases of life when driving is not an option. It stressed that public and community transport, as well as active travel routes, need to support people reaching friends and family, not just places of work or retail. Interventions need to be mindful that some people value opportunities to connect while travelling, while other appreciate the time to disconnect.

Transport policy and interventions should consider all road users rather than just drivers, with the assessment of loneliness or social connections providing valuable insights into the effects of these interventions.

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