

JSNA Health and Wellbeing Profile 2023/24

Social Isolation

Social isolation is defined as the state or condition of having little or no contact with others. Loneliness is the feeling that people have when their need for social contact and relationships isn't met.

High quality social connections are essential to our mental and physical health and our wellbeing being. The effect of social isolation and loneliness on mortality is comparable to that of other risk factors such as smoking, obesity and physical inactivity (World Health Organisation).

Summary points

- Nearly 5% of Bristol residents feel lonely because they don't see family and friends enough
- Just under 45% of adult social care users in Bristol have as much social contact as they would like
- Loneliness is more than twice as high than the city average amongst Disabled people, people renting from the council and people renting from a housing association.
- Loneliness is highest amongst White Minority Ethnic residents and lowest amongst Asian residents.

Findings

Social isolation¹ can have physically and emotionally damaging effects resulting in:

- depression
- poor nutrition
- decreased immunity
- anxiety
- fatigue
- social stigma.

Using Public Health England estimates (now known as Office for Health Improvement and Disparities), there could be 20,000 people aged 18-64 experiencing social isolation in Bristol as well as between 6,300 and 11,400 people aged 65 & over².

Whilst older people are most at risk of social isolation, it is often caused by specific life events that can happen at different times in people's lives (eg leaving school, becoming a parent, divorce, retirement, or bereavement).

For full discussion, see www.bristol.gov.uk/socialisolation including background report which also covers health impacts³.

¹ Including "loneliness"; is where people have: 'few social contacts and few social roles, as well as an absence of mutually rewarding relationships with other people.'

² Social Isolation in Bristol Initial Findings Report (2013)

³ Research on health impacts is also at: www.campaigntoendloneliness.org/threat-to-health/

Loneliness

According to the 2022/23 Bristol Quality of Life survey, 4.9% of respondents feel lonely because they don't see family and friends enough, and 77.6% of respondents see friends and family as much as they want to. Loneliness is highest in the wards of Lawrence Hill (10.6%) and Hartcliffe & Withywood (9.8%) and lowest (below 2%) in Cotham, St George Central, Frome Vale, Bishopston & Ashley Down and Hotwells & Harbourside (Figure 1).

Equalities data: Loneliness in the 10% most deprived areas of Bristol is twice as high than in the 10% least deprived areas (10.4% v 5.3%). Loneliness is more than twice as high than the city average (of 4.9%) amongst Disabled people (12.7%), people renting from the council (14.7%) and people renting from a housing association (13.2%). By ethnicity, loneliness was highest amongst White Minority Ethnic residents (7.7%) and lowest amongst Asian residents (3.2%). There were no significant differences between sex or age.

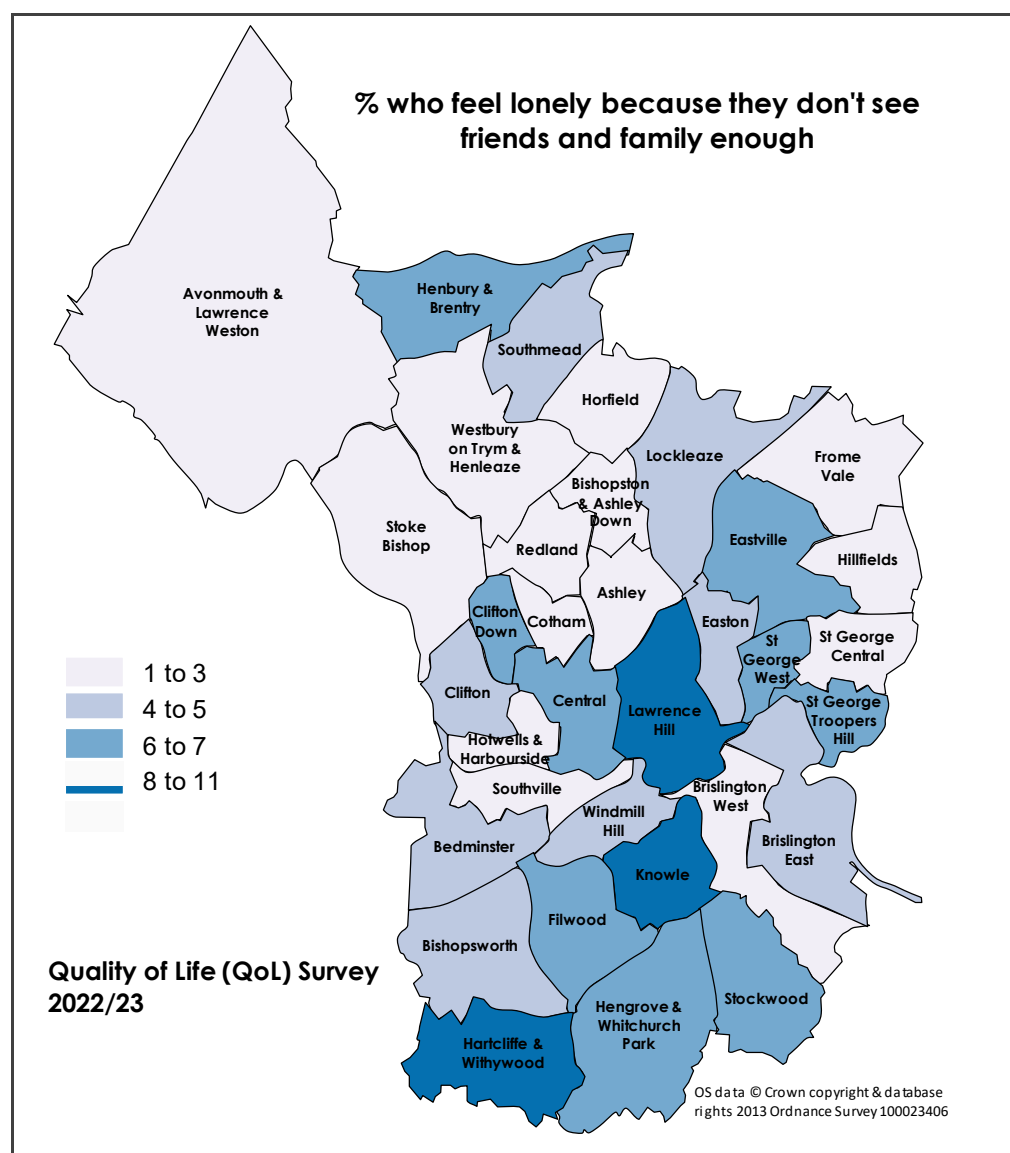


Figure 1: % of Bristol residents who feel lonely. Source: QoL survey 2022/23

Social isolation of older people

Socially isolated older adults have:

- longer stays in hospital
- a greater number of GP visits and
- more dependence on homecare services

Social isolation amongst older people is being addressed through [Bristol Ageing Better](#) and partners to develop local solutions.

Social isolation of social care service users

In England, the majority of social care service users do not have as much social contact as they would like. In most local authorities, the proportion of people who say they have as much social contact as they would like is below 45%⁴.

In Bristol, 44.4% of adult social care service users (in 2022/23) said they “have as much social contact as they would like”, the same as the national average - see figure 2. This is a decrease on the previous year (46.5%) and ranks Bristol mid table when compared to the English Core Cities. Leeds had the highest proportion of service users with as much social contact as they would like at 49% which compared to the lowest in Nottingham at 38.1%

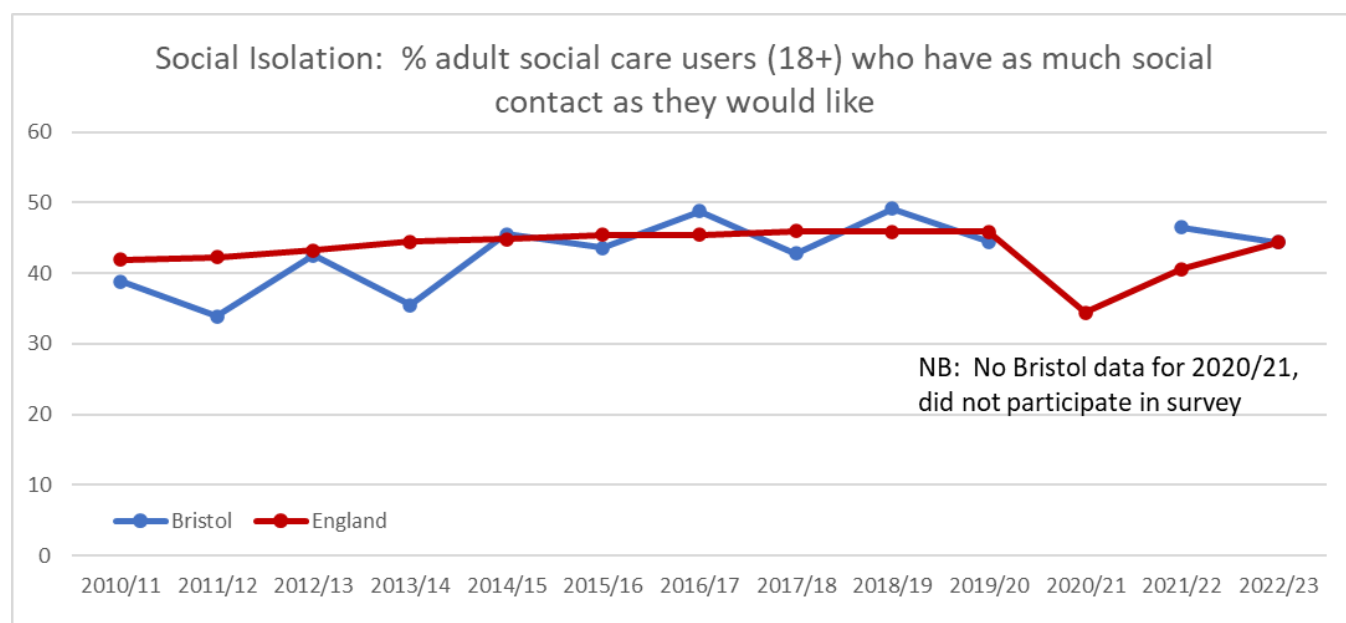


Figure 2: Source: Adult Social Care Survey via NHS Digital (November 2023)

Equalities data: Data for Bristol by age band showed that the percentage of people who had as much social contact as they wanted ranged from 34.8% of 45-54 year olds to 53.3% of 25-34 year olds. Whilst social contact was highest for 18-24 year olds there were not enough responses to validate this as a significant comparison. Males were more likely to have as much social contact that they wanted than females (46.6% v 42.7%). By broad ethnicity group,

⁴ Source: Adult Social Care Survey - a random sample of social care users run each year by local authorities following Department of Health guidance

people of Asian ethnicity had the lowest rates of social contact that they wanted at 36.2% compared to 45.9% of people of mixed ethnicity and 45.8% of people of black ethnicity.

Social isolation of carers

The Personal Social Services Survey of Adult Carers in England (SACE) is a biennial survey⁵ providing information about the indicator relating to the social isolation of carers. The latest published data is for 2021/22 with the next survey being run at the end of 2023/24.

Only 28.4% of carers in Bristol (2021/22) say they “have as much social contact as they would like”, which has fallen significantly since 2012/13 (46.2%) and is now similar to the English average (28%) – see figure 3 overleaf.

Equalities data: In Bristol, carers between the ages of 25 and 44 had less social contact than they would like compared to the other age groups. By gender, 30.6% of males and 27.5% of females had as much social contact as they wanted.

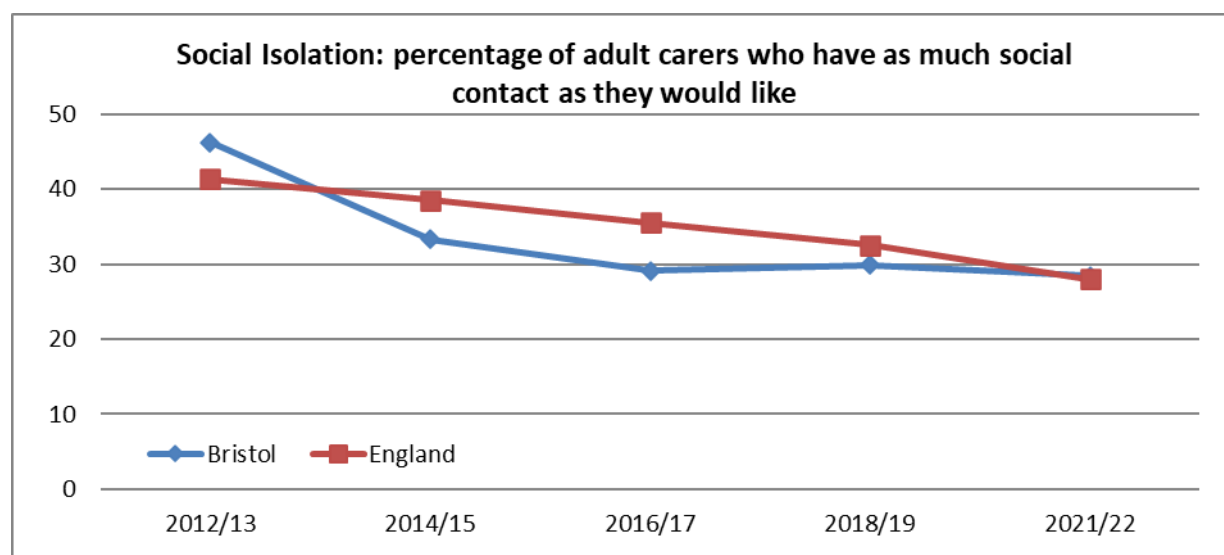


Figure 3: Source Personal Social Services Survey via NHS Digital (November 2022)

Covid-19 impact:

Research on loneliness during the pandemic had three main findingsⁱ:

- People who felt most lonely prior to Covid in the UK now have even higher levels of loneliness. This increase began as physical distancing, shielding and lockdown measures were introduced in the UK, in March 2020.
- Adults most at risk of being lonely, and increasingly so over this period, have one or more of the following characteristics: they are young, living alone, on low incomes, out of work and, or with a mental health condition.
- The impact on wellbeing from people at risk of loneliness is likely to be compounded by other economic and social impacts experienced by the same people, such as those experiencing job losses and health anxieties.

⁵ The 2020/21 survey was postponed by one full year due to Covid-19

These impacts could last well into the future for some, so Bristol's community wide partners continue to work together to address these impacts, as well as the cost of living crisis. You can find out more here: www.bristol.gov.uk/costofliving

Further data / links:

- Research on health impacts are available at: www.campaigntoendloneliness.org/threat-to-health/
- Age UK: Loneliness and isolation - understanding the difference and why it matters <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-isolation-understanding-the-difference-why-it-matters/>

Date updated: November 2023**Date of next update:** November 2024

ⁱ [Loneliness, social isolation and COVID-19 | Local Government Association](#)