

Tackling loneliness and social isolation in later life

Annual Public Health Report
London Borough of Hillingdon
2024-25



HILLINGDON
LONDON

What is Social Isolation?

Social isolation is the lack of social contacts, such as family and friends, community involvement or access to services. Perhaps only having a few people, if any, to interact with regularly.

Social isolation



What is Loneliness?

Loneliness is a subjective experience, a negative emotion with a perceived gap between the quality and quantity of relationships that we have and those that we want. Feeling lonely isn't a mental health problem. But having a mental health problem can increase feelings of loneliness.⁰

Loneliness



Introduction

The Hillingdon Annual Public Health Report 2024/25 focuses on our older residents. Our residents over the age of 65 in Hillingdon are living longer, often for many years in poorer health and are frequently living alone or undertaking caregiving roles. To help residents to maintain healthier and more independent lives, and to mitigate future pressures on healthcare services, this report promotes and recommends building on the community-led approach to support older adults to remain active, engaged within their communities, reducing experiences of loneliness and social isolation to promote and maintain health and wellbeing.

Social inclusion and community participation are recognised as essential parts of health and wellbeing. Given the social nature of individuals, meaningful interactions, such as being understood, acknowledged, and cared for, substantially improve quality of life. A lack in these connections, particularly among older people, can increase vulnerability through marginalisation. Although there are community opportunities for older residents, many still lack sufficient social contact and feel isolated.

The COVID-19 pandemic, particularly the implementation of lockdown measures for vulnerable groups, highlighted the health and social challenges associated with isolation and loneliness. National data indicates more than 500,000 older adults in the UK report not seeing or speaking to anyone for more than five days each week and two-fifths cite television as their primary source of companionship¹. Accurately describing loneliness and social isolation in Hillingdon is challenging due to its intangible nature. There is limited data collected that gives an accurate picture of the scale of unmet need; as a proxy, 33.7% of social care users aged 65 years and above report adequate social contact, which leaves 66.3% at risk of insufficient interaction².

The experience of loneliness and social isolation is unique to each person. While some individuals perceive living alone as isolating, others thrive, and even being surrounded by others does not exclude feelings of loneliness. Evidence consistently supports that high-quality interpersonal relationships facilitate longer, healthier, and more fulfilling lives, and reduces both physical and mental ill health.

Support from social networks enhances resilience. Relationships contribute significantly to mental well-being by fostering a sense of belonging, enhancing self-esteem, and enabling the sharing of experiences and emotional support. Research further demonstrates that loneliness and social isolation are linked to increased risks of health conditions such as heart disease, anxiety, depression, and contribute to premature mortality. The health and wellbeing risk of loneliness and social isolation are comparable with smoking 15 cigarettes per day³.

With the introduction of Hillingdon's new Joint Local Health and Wellbeing Strategy and planned refresh of the Hillingdon Older Peoples Plan, this report makes recommendations for action by partners across health, social care, and voluntary sector organisations. Collaboration to further develop a community-led model for healthier ageing that focuses on inclusion to address loneliness and social isolation, enabling older residents to access local services and participate in groups, leading to improved health, wellbeing, and independence.

“Support from social networks enhances resilience. Relationships contribute significantly to mental well-being by fostering a sense of belonging, enhancing self-esteem, and enabling the sharing of experiences and emotional support”



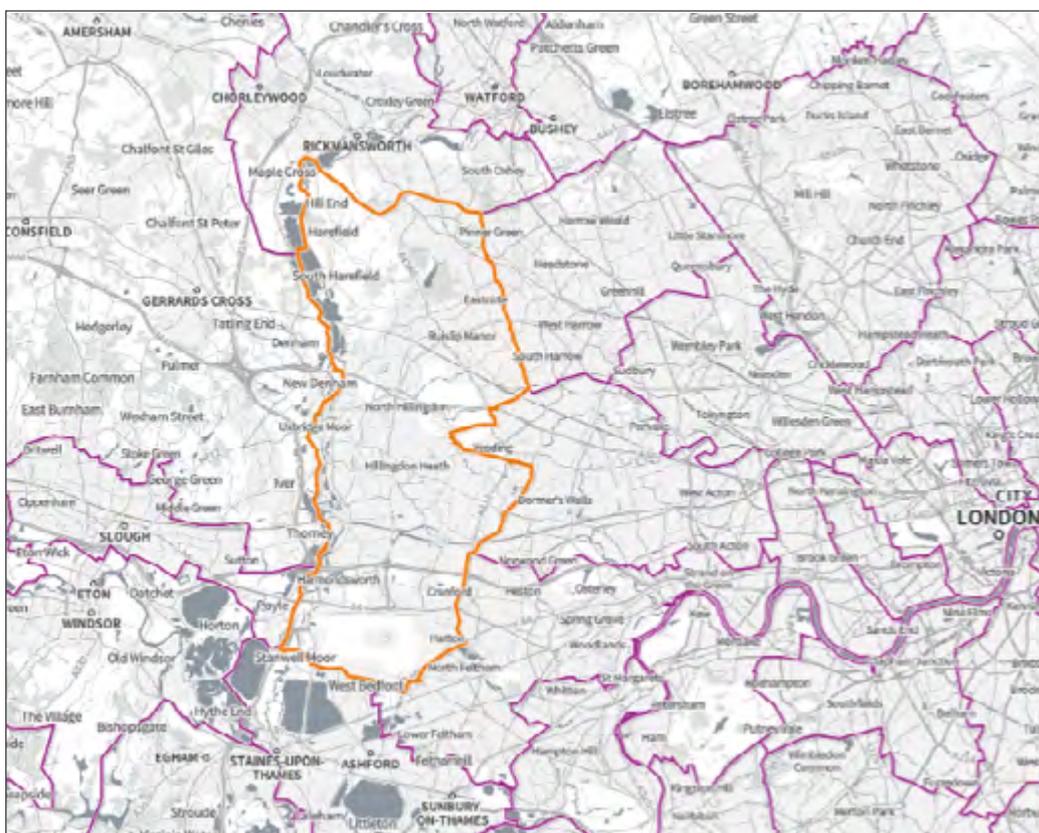
Acknowledgement:

Thanks to the Hillingdon Public Health Team, particularly Sarah Durner, Senior Public Health Officer, who managed the project and authored this report.

Our Hillingdon

Hillingdon is the most north-westerly London borough and is the location of London Heathrow Airport and RAF Northolt. Figure 1 shows the location of Hillingdon and the shared borders with Hertfordshire, Buckinghamshire, Surrey, and the neighbouring London boroughs of Hounslow, Harrow and Ealing.

Figure 1: Map of Hillingdon borough:

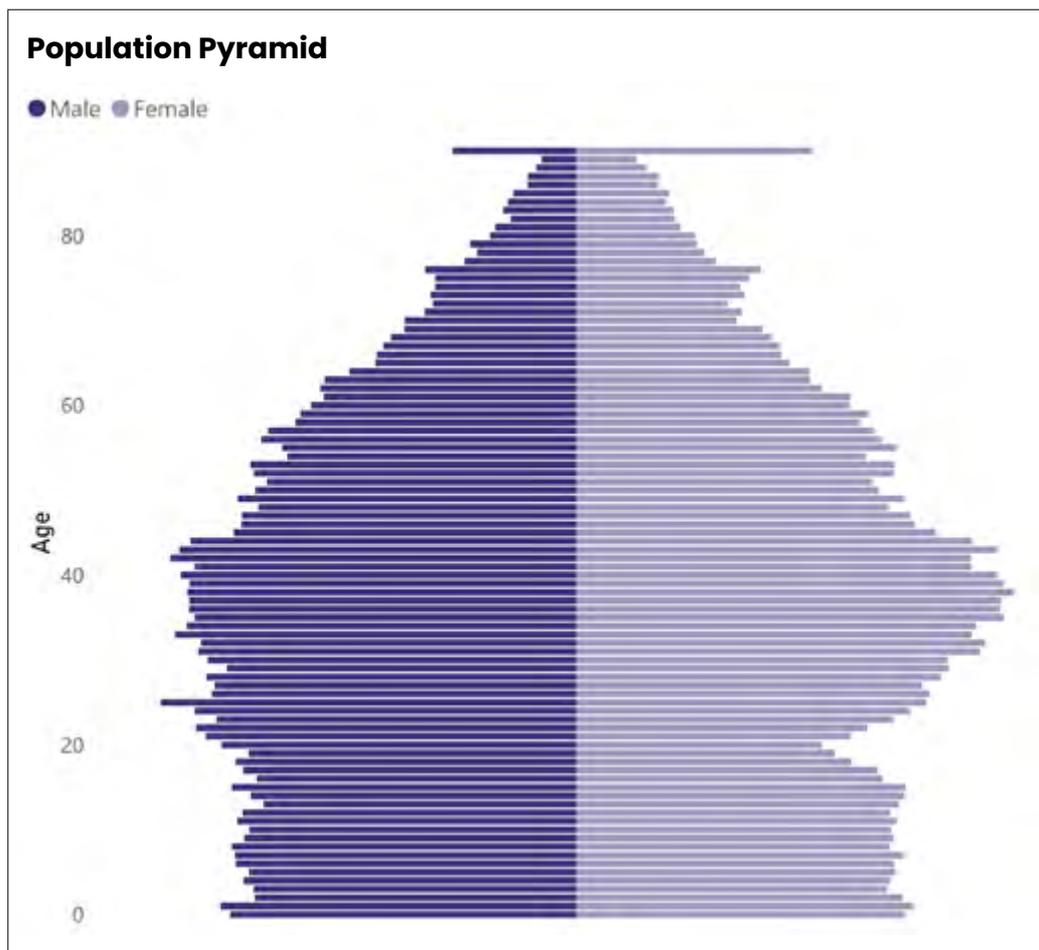


Source: SHAPE Atlas 2025 – Accessed 04/07/2025

Who lives in our borough:

[Welcome to Hillingdon Data Hub - find and download useful data about Hillingdon](#)

Hillingdon has a population of 319,018 residents (2021 Census). Approximately two-thirds of the population live in the south of the borough. The wards of Belmore, Ruislip Manor, and Wood End are the most densely populated. The south of the borough is characterised by a younger, more diverse demographic profile, with higher proportions of people from British Asian and Black communities. In contrast, the wards in the north of the borough have an older population with a greater proportion of white residents⁴. Figure 2 illustrates the age distribution within Hillingdon, highlighting a predominance of working-age adults.

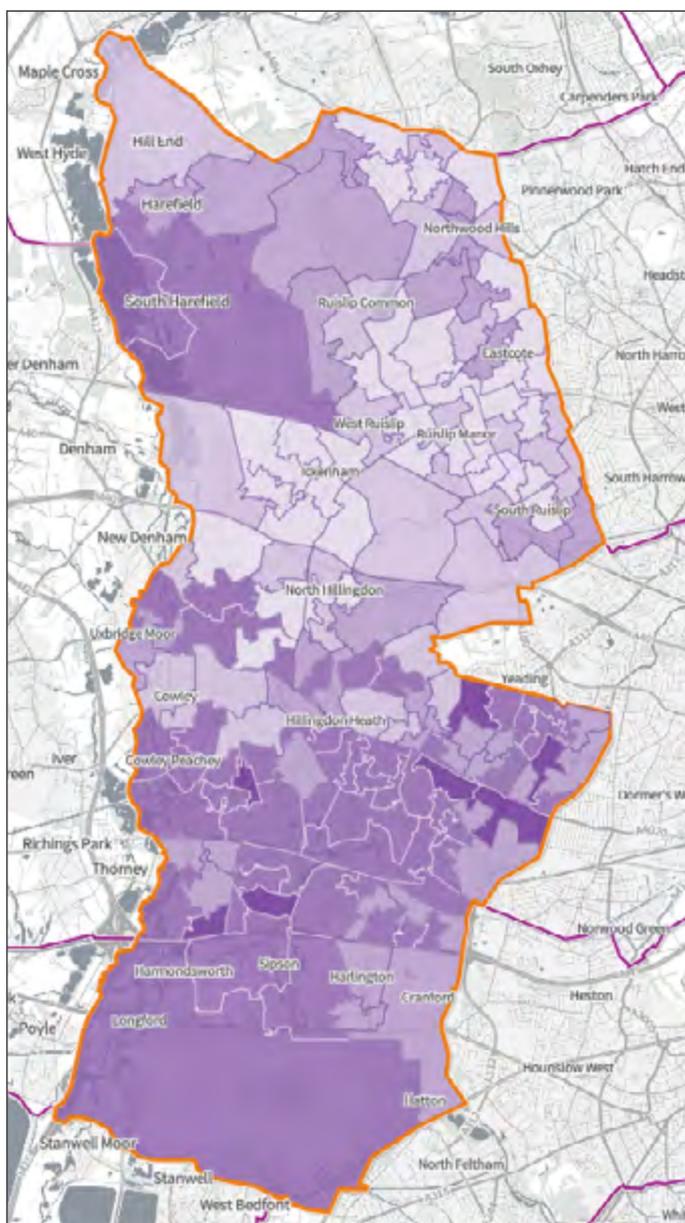


Source: Hillingdon Data Hub. Latest Population Data.

[Hillingdon Data Hub - Latest population data last accessed 20/06/2025.](#)

Hillingdon is ranked the 94th most deprived of 151 local authority areas in England (1 being the most deprived area, and 151 the least deprived). Figure 3 shows the Index of Multiple Deprivation (IMD) for Hillingdon, indicating that the of areas with higher deprivation (represented by dark purple) are found in the south of the borough, with South Harefield an exception. There is significant variation in both deprivation and affluence across the borough. Although a north-south comparison is commonly used, the overall distribution of deprivation is more complex.

Figure 3: Index of Multiple Deprivation (IMD):

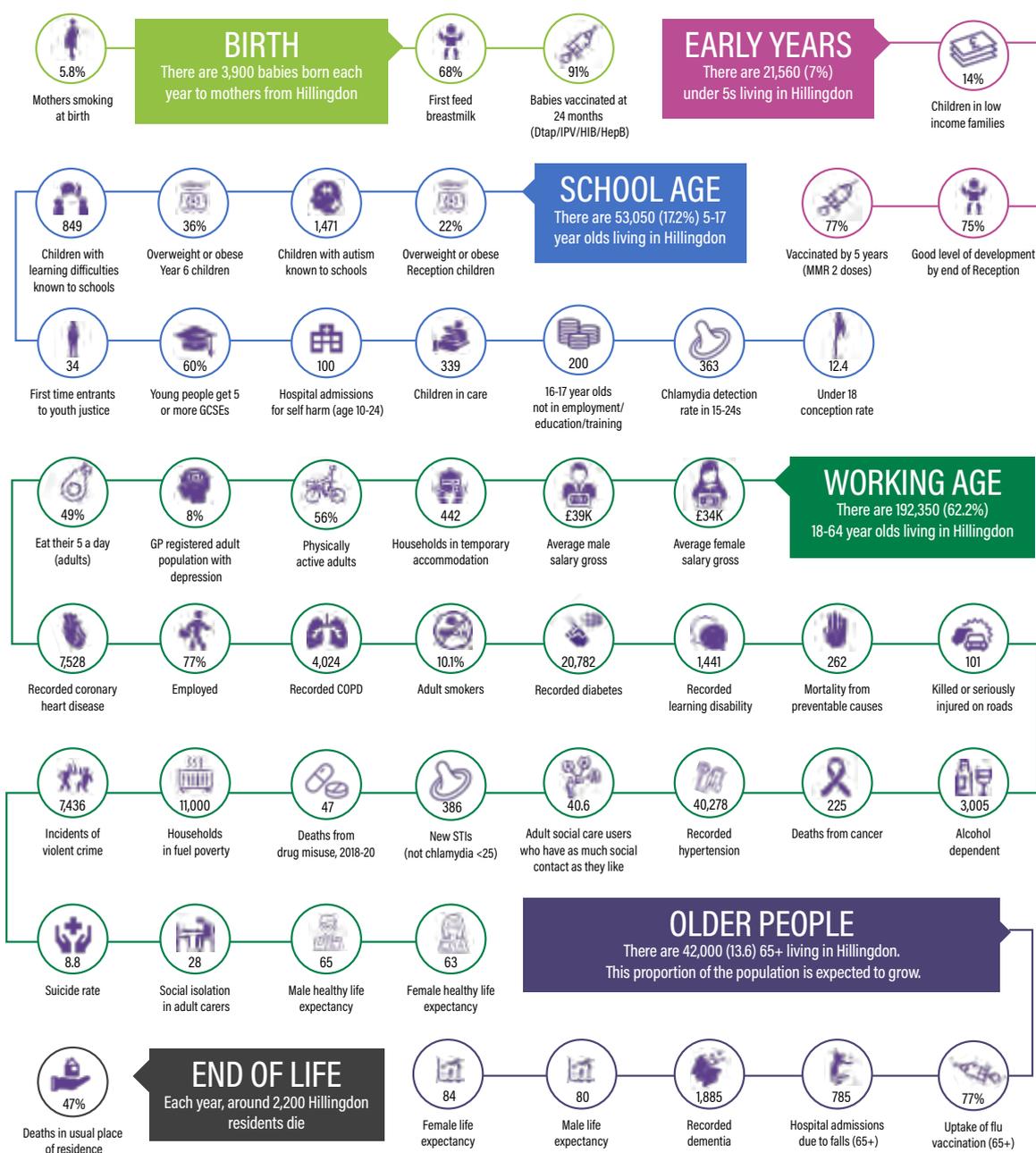


Source: SHAPE Atlas. SHAPE Place Deprivation last accessed 04/07/2025.

Health in Hillingdon:

Life expectancy in Hillingdon is similar to the national averages; 79 years for males and 84 years for females, with some variation between wards. Figure 4 provides an overview of public health across all age groups using public health outcome indicators.

Figure 4: Selected all age health indicators for Hillingdon



Source Data: Fingertips: Public Health Outcome Framework

An ageing borough:

The life expectancy rate at age 65 in Hillingdon is similar to the England average: men can expect to live 18.2 years (England 18.4), and women can expect to live 21.2 years (England 20.9).

With increasing life expectancy, Hillingdon is expected to have a larger proportion of older people compared to the London average and many residents may spend more years in ill-health. Healthy life expectancy at age 65 in Hillingdon is slightly below national rates⁵, both males and females at 65 years of age can expect a further 9.9 healthy life years, while the averages for England are 10.5 years for males and 11.3 years for females. Poor health can limit life opportunities, reduce independence, increase the need for health and social care services and has the potential to increase the risk of loneliness and social isolation among older adults⁶.



Loneliness and social isolation in later life

This report recognises that loneliness and social isolation are different.

Social isolation is the lack of social contacts, such as family and friends, community involvement or access to services. Perhaps only having a few people, if any, to interact with regularly.

Loneliness is a subjective experience, a negative emotion with a perceived gap between the quality and quantity of relationships that we have and those that we want. Feeling lonely isn't a mental health problem. But having a mental health problem can increase feelings of loneliness.

Loneliness and social isolation represent a significant and growing public health challenge, particularly impacting the health and wellbeing of older adults. Addressing the factors underlying loneliness and social isolation affecting older people is complex, as the causes are diverse, and no single solution can fully address this issue. This report outlines the health and social consequences, how they contribute to adverse health outcomes and reduce independence among older citizens.

We evaluated the local health and wellbeing needs in Hillingdon, benchmarking against data from London and England. We recommend supporting third-sector organisations to work with residents for a more effective community-led approach: effective solutions require collaboration rather than isolated efforts.

We recommend an enhanced focus on the health, wellbeing, and social needs of older residents for healthier ageing, and propose leveraging opportunities presented by the new Joint Local Health and Wellbeing Strategy and the refresh of the Hillingdon Older People's Plan to deliver this. By prioritising loneliness and social isolation within these strategic frameworks, we aim to more effectively support older residents to benefit, living healthier, happier, and more independent lives for longer.



we aim to more effectively support older residents to benefit, living healthier, happier, and more independent lives for longer.



The importance of tackling loneliness and social isolation

Loneliness and social isolation are an increasing concern for the health of older people, particularly as communities become less connected and more mobile. Increased life expectancy, wider family distances, and changing technology contribute to many people, especially older or vulnerable individuals, feeling left behind⁷.

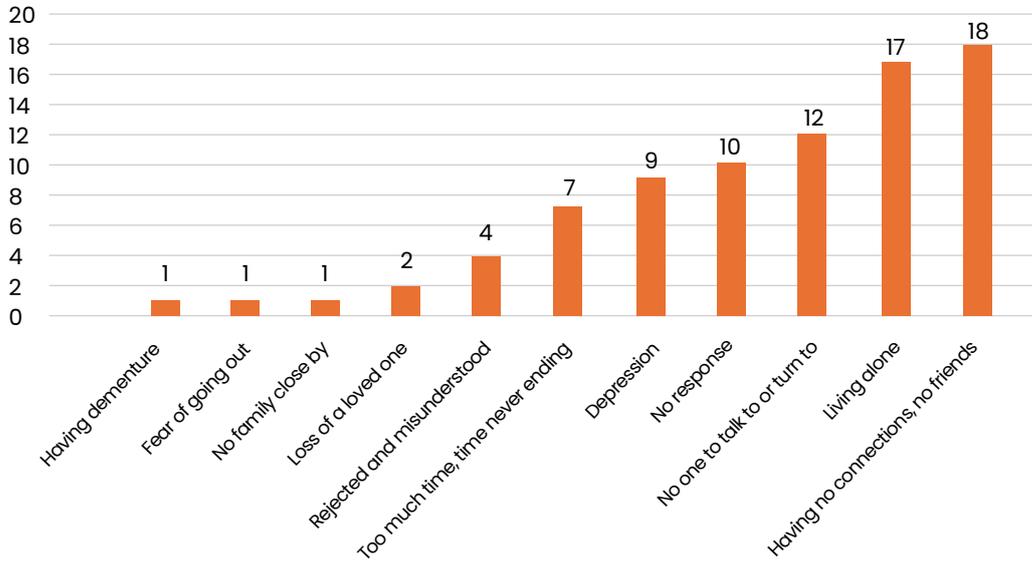
These changes can worsen health outcomes, increasing the risk of hypertension, cardiovascular disease, stroke, dementia, and frailty⁸. The importance of social connection for health is often overlooked by affected individuals, who may hesitate to identify as lonely due to stigma.⁹

The scale of the challenge

According to the 2021 Census (ONS, 2022)¹⁰, Hillingdon has 41,300 residents aged 65 and over (21,010 are over 75), making up 13.5% of the borough's population; a higher proportion than the London average of 11.9%. This age group grew by 17.4% from 2011 to 2021. Single-person households with someone aged 65 years or older account for 10.2% of all local households. There are also 52,902 people aged 50–65. With an ageing population and people living longer, these older age population groups need to be empowered to maintain their health for longer. If we do not take action and support older people to be healthier, the alternative is a significant additional demand on health and social care organisations that needs to be planned. Currently there is too little focus on improving health to maintain independence by public sector services. Therefore, this report is a timely call for collective action.

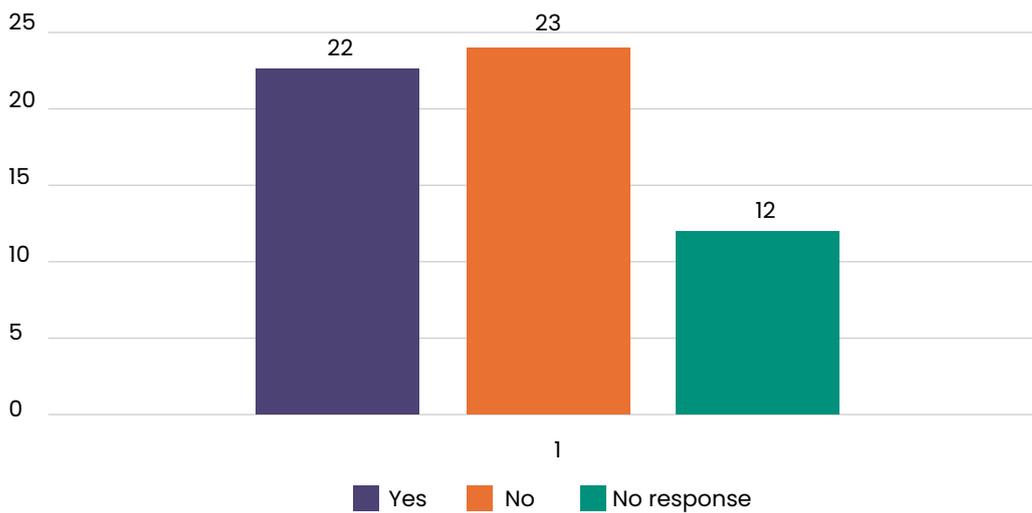
Age UK (2024) estimates 3,717 people in Hillingdon aged 65 years and older may be chronically lonely¹¹, with 13,754 aged 50 year or older at risk due to reduced social engagement. A survey carried out between March and April 2024 by Hillingdon Public Health gathered views from 57 older adults about their understanding of the risks of loneliness and social isolation, and whether they experienced either. The most common definitions of loneliness included a lack of connections, living alone, and having no one to talk to (Figure 5).

Figure 5: What does loneliness mean to you?



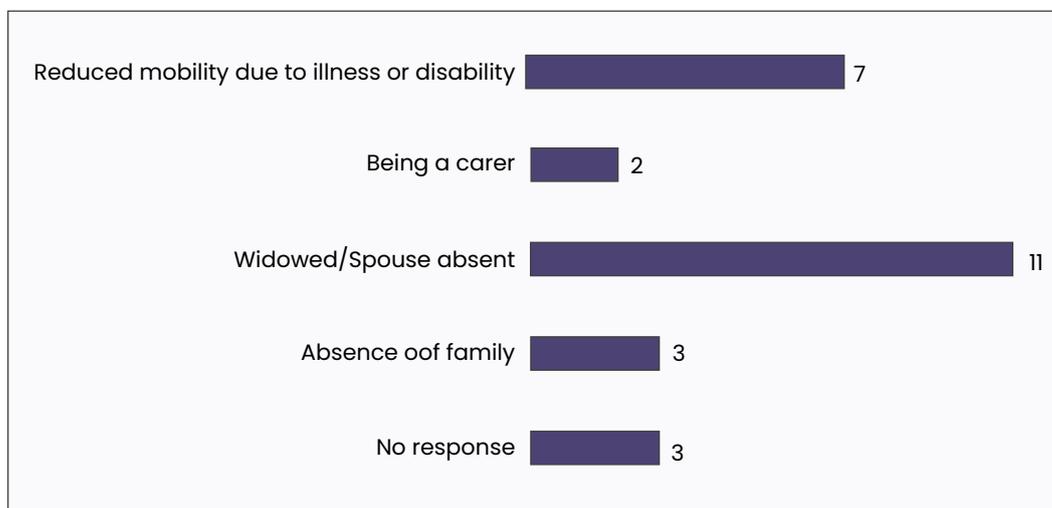
Of the respondents to the survey, 49% (22 of the 45 respondents) reported feeling lonely or isolated (Figure 6).

Figure 6: Do you ever feel lonely or socially isolated?



Loneliness and social isolation were attributed to losing a partner or spouse, to illness, or the consequence of limited mobility that prevented an individual leaving the home and socialising. They also spoke about the absence of family, and caregiving responsibilities as factors that contribute.

Figure 7: Reasons stated for feeling lonely and isolated:



Residents described loneliness as a feeling of being uncared for and lacking dependable relationships. Personal accounts show that simply being around others does not fulfil the need for close, meaningful connections¹². Many reported that loneliness led to sadness, a sense of loss, and for some respondents, being alone resulted in losing track of time and dates and because of this, important appointments were missed.

Figure 8: Personal statements of responders:



Currently, 75% of Hillingdon residents aged 65 years and older and registered with a local GP have at least one long-term health condition¹³, and 70.1% are classified as frail; of who 65.8% are moderately or severely frail (Table 1). Table 2 shows that more than 5,000 residents aged 50–64 are moderately to severely frail; a rising health risk in younger age groups. As the population of Hillingdon ages, the number of people living with long-term conditions and who are frail is expected to grow.

Table 1: Number of people in Hillingdon categorised as mild, moderate, or severely frail: January 2025¹⁴

Frailty E–Frailty Index Score	Number of 65–79 years old	Number of 80+
Frailty (EI category – mild)	8,746	2,010
Frailty (EFI category – moderate to severe)	11,938	8,718
Total GP registered population	32,589	12,194

Source: WSIC Hillingdon 65+ data 2025

Table 2: Dementia and frailty prevalence in Hillingdon, residents aged 50–64 years.¹⁵

Condition	Numbers
Dementia	198
Frailty (EI category mild)	10,203
Frailty (EFI category moderate to severe)	5,395

Source: WSIC Hillingdon 50+ data January 2025

Individuals experiencing dementia and frailty may experience a higher likelihood of social isolation and loneliness¹⁶. As the population of Hillingdon ages, with more people living longer but with an extended period of poorer health, there is a corresponding increase in the number of individuals requiring health and care services. This will result in greater demand for public services to support older adults to maintain their health and live independently. Prevention and early intervention is key!

Tackling loneliness and social isolation amongst older hillingdon people

Many older people in Hillingdon face loneliness and social isolation due to factors that include, poor health, disability, caregiving responsibilities, major life changes, such as bereavement, and retirement, both of which can result in the loss of a regular routine and the social networks that come with it^{7,18}. Difficulties accessing services, especially with fewer in-person health and care services, and greater reliance on digital platforms, add to these challenges, especially for residents not proficient in using online services¹⁹. Addressing loneliness requires tailored solutions, not a one-size-fits-all approach, and strong collaboration between community, public, and voluntary organisations to connect older adults with the support they may need to maintain health and independence.

The legacy of COVID-19:

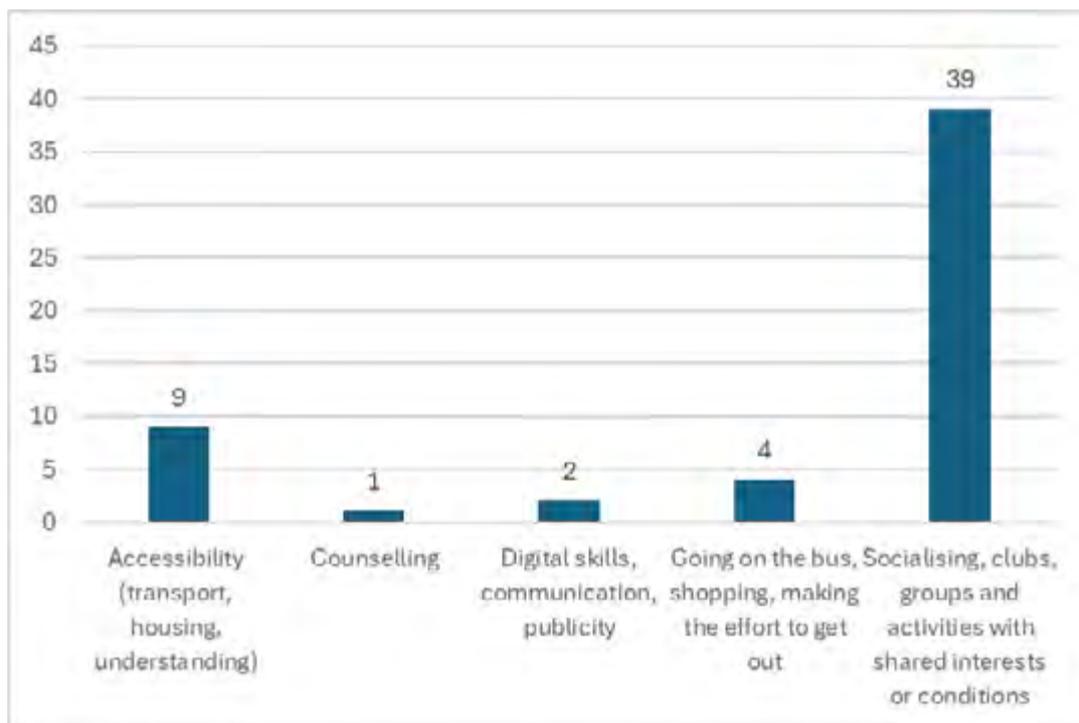
During the pandemic, communities rallied to support elderly and vulnerable residents at home. However, many innovative outreach efforts have since ceased and community engagement has declined from that peak. After COVID-19, diagnoses of chronic conditions that affect older people, like dementia, anxiety, and depression have risen. Some residents continue to isolate themselves due to lingering health concerns, which has led to greater reported social isolation and loneliness.



What Hillingdon residents said would reduce loneliness and social isolation:

The survey respondents feedback highlighted the need to prioritise initiatives that create and maintain social connections. It is important to support local groups with shared interests, and to encourage people to leave their homes, by improving access to their preferred destinations (figure 9). Local community organisations were considered by the survey responders as ideally placed to engage residents and establish activities they can participate in, a community-led approach which respondents said needed to be affordable and sustainable, so that people could attend without being concerned that the group was temporary.

Figure 9: The actions our residents said could help reduce loneliness and social isolation:



Developing a community-led approach to tackle loneliness and social isolation

A sustainable strategy to address loneliness and social isolation involves leveraging neighbourhoods, communities, and collaborative efforts across organisations and services, with the primary goal of supporting older individuals in maintaining their health and independence for as long as possible. The foundation for this approach is already established with the existing effective partnerships currently within Hillingdon, that play a crucial role in supporting older residents. Case studies from these partnerships show that they are trusted, instil confidence among residents, and deliver tangible benefits to individuals and families.

The main challenge for a community approach lies in meeting the growing demand for support and addressing the increasingly diverse needs of an ageing, more vulnerable population. Focusing on prevention and early intervention is critical to reducing pressure on health and care services and achieving this requires expanding both the scale and scope of current service provision. This is especially important when funding for the voluntary and community sector has been significantly reduced over the past 10 years.

Addressing these challenges does not require substantial new investment, but rather, shared understanding of the service offer so that it is known by service providers and users. It is important that each organisation's contribution is clear, and they know how to direct people to the service most able to support them. By implementing an effective 'Making Every Contact Count' (MECC) approach with all services proactively raising awareness and tackling the stigma associated with loneliness and social isolation by discussing it openly.

Talking about loneliness and isolation will not only raise awareness, but it will also direct people towards the available resources, for example, services offered by Dementia Friendly Hillingdon, Age UK Hillingdon, Harrow and Brent, and Hillingdon's libraries. Through collective action, there is significant potential to develop a comprehensive and wide-reaching service offer. Part of this approach is to empower our communities to use the Five Ways to Wellbeing Framework.

Five Ways to Wellbeing: A framework to engage and support:

The New Economics Foundation (NEF, 2008) introduced the 'Five Ways to Wellbeing': Connect, Be Active, Keep Learning, Give Back, and Notice as evidence-based actions promoting wellbeing through meaningful social connections²⁰. While many older residents already engage in these activities, the Five Ways provides an inclusive framework that is especially effective in supporting the health and wellbeing of those who are lonely or socially isolated. Below are examples of how the Five Ways to Wellbeing are being implemented in the borough.

Figure 10: Five Ways to Wellbeing:



Learn, take notice and connect:

Retiring Well Workshops preventing social isolation and loneliness:

Retirement often changes daily routines and social connections, which can increase the risk of isolation, particularly for those living alone or those who relied on work for social contact²¹. In 2024, Hillingdon launched Retiring Well Workshops to encourage residents approaching retirement to explore the Five Ways to Wellbeing and local engagement opportunities. Around 100 people attended the workshops, reporting positive feedback and improved awareness of the value of social connection for long-term health and independence.

Connect, give back, take notice, learn and be active:

Dementia Friendly Hillingdon: Awarded Dementia Friendly Community Status in 2018

2025 marks the 10th anniversary of Dementia Friendly Hillingdon, an alliance of 35 local organisations dedicated to supporting residents affected by dementia and their carers, many of whom face loneliness and isolation. Hillingdon Alzheimer Society said, *'too often residents and their carers said they felt completely alone with their new diagnosis'*.

Dementia Friendly Hillingdon talked about their experience of working with people living with dementia and their carers who 'experience an increased risk of loneliness and social isolation due to the stigma of that diagnosis. People diagnosed with dementia can be fearful of engaging with other people, including with family, friends, and neighbours with whom they had previous relationships. They often do not want to participate in activities as they fear their embarrassing behaviours associated with their dementia can result in both the person living with dementia and their carers becoming isolated.'

To facilitate supportive connections that help address this, Dementia Friendly Hillingdon offers social and physical activities. Seven Dementia Friendly cafés are held weekly in libraries, providing spaces for residents to meet, participate in activities relevant to their experience or join new sessions, such as golf, boccia, tennis, and walking football. Approximately 180 Hillingdon people take part each week. Carers have reported forming new social networks, feeling supported, and being more aware of the additional services available to them.

The full programme of activities can be viewed at:

[Dementia groups and activities - Hillingdon Council](#)



Case Study



Sue D. 74 years, Attendee at the library dementia groups for eight years

'When I got diagnosed with dementia I went into a depression. I felt like my life was over and stopped going out. Then a couple of years later I was invited to attend the Dementia Library Group with some other residents. Through this weekly group I discovered that I was not alone and that I could still make lots of new friends. I was able to use my skills as a past party entertainer, and I felt valued. Being part of the Dementia friendly programme and having events like the Christmas party and trips to look forward to keeps me feeling like I have energy to go out and I have people who look forward to seeing me. I look forward twice a week to meet my friends at libraries, have a cup of tea and a chat, for us people living with dementia it is better than any prescribed medication.'

Connect and give back:

Age UK Hillingdon, Harrow and Brent (Age UK HHB):

In 2023, Age UK HHB received more than 3,400 referrals per quarter, with 40% of people contacting the service due to their experience of loneliness. Around 1,600 onward referrals were made to various agencies²². More than 670 older people attended social groups or received one-to-one support. Age UK HHB offers both individual and group support through digital drop-ins, clubs, and groups, while also identifying new issues affecting older residents.

- Social isolation and reduced skills and confidence remain major post-pandemic challenges
- Mental wellbeing is affected by loneliness, depression, and rising living costs.
- Transport issues hinder mobility
- Fewer services now address social isolation, making referrals and support more difficult.

An Age UK Hillingdon service user said *'I don't have to worry anymore, I feel less lonely; I am less frightened; I know there is someone to help me now and I feel happier, more confident, and independent. I feel my voice has been heard and I feel listened to and understood. I am now able to meet people, I am aware of my rights, and I now have dignity.'*



Connect, give back, take notice and learn: Hillingdon libraries Reading Friends initiatives:

The Reading Agency's 2023/24 report states that Reading Friends, a programme designed to foster connections through reading, helped 84% of participants make new friends, and 43%²³ stated that they felt less lonely. Since Covid, Hillingdon libraries have supported older residents through one-to-one and group sessions. In 2024-2025, there were 1,182 Reading Friends events with 8,839 attendees across Hillingdon libraries.

Connect, give back and take notice: Winter Warm Welcome Centres (WWCs):

To address rising living and heating costs, the council partnered with community organisations to create local Warm Welcome Centres for winter support. Resident visits increased from more than 7,000 in 2023/24 to 8,097 in 2024/25. These centres help reduce loneliness and foster social connection, 84% of national attendees' report feeling more connected to their community.²⁴

Case Study

Hayes End Methodist Church Welcome Wednesdays

Hayes End Methodist Church operates a successful Warm Welcome Centre, 'Welcome Wednesdays', and marked its first anniversary in January 2024. Starting last winter, the consistent high attendance, and the gap in social activities that the service meets has led to the programme operating year-round. Welcome Wednesdays offers social opportunities for older residents; keep fit, strength and balance classes to help people develop core strength and reduce the risk of falls, Wi-Fi, board games, jigsaws, with free hot drinks, food, and space for conversation. Since November 2024, the centre has averaged 46 weekly attendees; 80% are over 70 years of age, including 17 men attending each week, half of whom are widowers. Around 40% of the group have started to attend after being referred, and 20% heard about the group through word of mouth, and there are new visitors arriving every week. Approximately a quarter also attend Gloria's Kitchen, the church's monthly

Mrs P, Age 80-89, Caucasian, a widow, living with early-stage dementia has attended the centre for the past couple of months on a semi-regular basis. Her experience of the social events in her words are: *'I feel better. People here know me. I feel so lost when I am at home...(here) I feel less worried.'*

Give back:

Volunteering opportunities for older people:

Volunteering provides structure, purpose, social connection, lets people use their skills and is recognised as action that leads to better health and wellbeing²⁵. In Hillingdon, volunteering opportunities exist in theatres, libraries, parks, hospitals, and through organisations like Age UK, H4All, Carers Trust, and the Alzheimer's Society.

'I volunteered to lead walks, thinking I would be committed to a regular bit of exercise, but I found I enjoyed the company of other walkers more. It is a really good way to make friends and meet them regularly.' Mike, Volunteer Walk Leader.

Learn, connect and give back:

Hillingdon U3A

Hillingdon U3A has more than 900 members, many in their eighties and nineties. It provides older adults with interest groups, trips, and outings, offering opportunities to make friends, explore new interests, and lead groups.²⁶ [Visit the Hillingdon U3A Website](#)

Hillingdon Methodist Homes and Associations (MHA)

MHA provides various social groups, befriending services, lunches, and opportunities for physical activity to older residents in the northern part of the borough, where there is a higher proportion of older adults. MHA also has a strategy aimed at supporting residents living with dementia to enhance their connections within the local community.²⁷

[MHA Communities West London | Social Groups for Older People](#)

Carers Trust Hillingdon and Ealing

Carers Trust Hillingdon is a member of the broader Hillingdon Carers Partnership, which comprises five local organisations dedicated to supporting unpaid carers: Harlington Hospice, The Alzheimer's Society, Mind Hillingdon, Carers Trust Hillingdon, and Ealing and Harlington Care. In 2023/24, Hillingdon Carers registered 5,193 adult carers, facilitated 609 care calls, recorded 493 carer café visits, and provided 8,440 hours of respite care²⁸. Carers Trust plays a crucial role in ensuring carers receive comprehensive support and experience reduced isolation in their caring responsibilities.

[Visit the Hillingdon Carers Trust Website](#)

Learn and connect:

Digitally enabling our older residents:

The World Health Organisation sees digital initiatives as contributing to reduce social isolation in older adults, especially when educational support is provided²⁹. Older residents frequently use technology to connect with loved ones³⁰. Local organisations offer digital capability and connection, for example:

Learn Hillingdon the Community Adult Education and offer IT courses, drop-in sessions, and a weekly tech club to improve digital skills.

[Explore Learn Hillingdon courses](#)

Age UK HHB drop-in sessions, and a weekly tech club to improve digital skills.

Hillingdon Council run programmes to support those in digital poverty for example through the provision of digital equipment and offer a website and assisted phone line for those unable to access services online³¹. To date, 88 residents have signed up for the assisted line, many hoping to develop their digital skills.

The Hillingdon GP Confederation provides Digital Access workshops on the NHS App.

"Attending the digital skills courses to learn rather than fear the advance in technology has helped me understand the Internet, opened a new world and enabled me to benefit in this changing world where as before I felt as if I was trying to learn a new language which in turn brought feelings of being alien to the world wide web rather than it becoming a source that connects to the things you enjoy rather than being isolated. I can now keep in touch with friends and family through Zoom that keeps one connected wherever they live. Thanks to the digital skills workshops, offered to all irrespective of age, I now feel confident to explore all the internet has to offer, whilst being made aware of the hidden dangers on my journey of discovery. I urge everyone to 'seize the day' - as we are never too old to learn!"

(Myra Stocker, 84 years,
Digital Skills Workshop, Learn Hillingdon attendee)

Connect:

Improving travel and transport:

Local transport services, Hillingdon Community Transport, the Taxicard scheme, Dial a Ride, and private providers such as Driving Miss Daisy, offer essential support to residents with mobility needs. These services facilitate access to social events and activities that may otherwise be challenging for individuals to attend independently. Hillingdon Community Transport (HCT) has been particularly effective for residents living with dementia, a user of this service said 'I am so thankful for this service as I would be lost without it, I love that I get a door-to-door transport service; I look forward to going to the club every week, I have made a lot of friends, and the staff are amazing and happy'.

Support for men:

While more women report feeling lonely than men, a greater number of men experience social isolation³². Men benefit from groups where they can connect with others in a supportive setting³³. Several initiatives in the borough help men engage in activities they enjoy, such as walking football, a games group at Oak Farm Library, cancer and Parkinson's support groups, and the Proper Blokes Club walks that promote mental health.



Be active, connect, learn and take notice:

Physical activity:

Research shows that engagement in physical activity significantly reduces loneliness and social isolation. Both moderate and high levels of physical activity (three or more days per week) are associated with substantially lower rates (15% to 30% reduction) of severe loneliness and social isolation, as well as marked improvements (27% to 150% increase) in resilience, sense of purpose, and positive attitudes toward ageing and fitness!

In Hillingdon, the importance of physical activity for the health and wellbeing of older residents is well recognised. Investment in community-led and group-based physical activity programmes is available throughout the borough and there are a diverse range of funded programmes, including healthy walks, walking football, strength and balance sessions, and seated exercise classes. These initiatives have been established for several years, and participants consistently report that the social benefits are as important as the physical gains.

Clearly there is a great deal of activity in Hillingdon that contribute to reducing social isolation and loneliness because of well-established partnerships across Hillingdon organisations. When organisations collaborate, they create a more integrated offer that means residents do not need to navigate multiple agencies independently, instead they are guided to where they can get the support they need. As the borough publishes the new Joint Local Health and Wellbeing Strategy and refreshes the Older People's Plan, decision makers must not be complacent. The solution to an ageing borough population is to maintain focus on keeping our older residents healthy, happy and at home, including being connected to their families, friends and their communities that can support them.



Recommendations: tackling loneliness and social isolation through transformation

1. Develop a Community-Led Prevention model

Create a new, community-driven model focused on prevention and early intervention. This model needs to be:

- Co-designed with residents to ensure it meets their needs and expectations
- Accessible and inclusive
- Able to mitigate loneliness and social isolation before people experience the long-term adverse health and wellbeing outcome.

2. Become an Age-Friendly Borough

To the council and its partners:

- Explore the opportunity to become an Age-Friendly Borough
- Use the WHO Age-Friendly Framework as a foundation
- Integrate this into the Older People's Plan.

3. Build on existing Hillingdon services

Leverage the strengths of current services and community groups by:

- Evaluating participation levels of current community offers and the impact on older residents
- Identifying whether the most vulnerable residents are engaged and feel empowered to participate
- Understanding what is holding people back from participation and addressing these barriers
- Building on the partnerships that have demonstrated long-term impact.

4. Ensure digital inclusion

As services increasingly move online due to demand, technology, and budget constraints:

- Recognise the risk of digital exclusion for older adults and those lacking digital skills or access
- The cohort will shrink with time, but we must ensure that traditional, non-digital access routes remain available for those who need them.

5. Speak openly and often about isolation

Healthy ageing is multi-dimensional. While this report focuses on loneliness and social isolation, we can drive change by:

- Using every interaction as an opportunity to raise awareness (e.g., through Making Every Contact Count – MECC)
- Speaking openly about loneliness to reduce stigma
- Helping people feel seen, understood, and supported.



Conclusion

There is no universal solution for addressing loneliness and social isolation or mitigating their health and wellbeing impacts on Hillingdon residents. Established partnerships among community, public, and voluntary sector organisations have played a critical role in developing services that promote health, wellbeing, and social inclusion through targeted support. Nevertheless, it is essential to expand the implementation of proven effective strategies.

Sustainable funding for voluntary and community sector organisations is crucial to advancing a community-led approach to healthy ageing. Recognising that participation, inclusion, and social connectivity enhance health and wellbeing and help older adults remain independent and empowered for longer. A community-led model was validated throughout the pandemic. Analysing and applying the elements that contributed to its success presents an opportunity to reduce loneliness among older adults.

Our approach highlights the importance of prevention and early intervention by engaging Hillingdon residents, families, and local organisations to identify collaborative actions that promote health and wellbeing. Addressing wider determinants of isolation, the causes that residents spoke about plus the issues of appropriate housing, transport, and access to services, remains a priority.

This report details the health challenges faced by the borough and proposes practical, preventative measures using existing resources. However, these recommendations are only the beginning of a complex challenge that requires significant, sustained effort. Meaningful progress will depend on borough-wide commitment to fostering inclusion, participation, and social capital, ensuring all residents benefit and no one is excluded.



References

- ⁰ Davidson S, Evidence Review, Loneliness in late life. Age UK 2014
Nicholson NR. A review of social isolation: an important but underassessed condition in older adults.. J Prim Prev. 2012;33:137–52. doi: 10.1007/s10935-012-0271-2. [PubMed] Luton PH Health Equity & Communities Team, Welstead, J. Literature Review.
- ¹ Wigfield A. Campaign to end loneliness. (2021) Beyond Covid-19 (available from [Loneliness beyond Covid-19 | Campaign to End Loneliness](#))
- ² https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/7/gid/1000041/pat/15/par/E92000001/ati/502/are/E09000017/iid/90280/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0_ine-pt-2_ine-ao-0_ine-ct-_ine-yo-1:2022:-1:-1
- ³ Holt-Lunstad J. Loneliness and social isolation as risk factors: The power of social connection in prevention. American Journal of Lifestyle Medicine. 2021 Sep;15(5):567–73.
- ⁴ Hillingdon Data Hub. Latest Population Data. Available from: [Hillingdon Data Hub](#) – Latest population data last accessed 02/07/2025.
- ⁵ I.Public. Public Health Profiles [Internet]. Phe.org.uk. 2018. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> data last accessed on 28/6/2024
- ⁶ Tomida K, Shimoda T, Nakajima C, Kawakami A, Shimada H. Social isolation/loneliness and mobility disability among older adults. Current Geriatrics Reports. 2024 Jun;13(2):86–92.
- ⁷ Cann, P and Joplin K. The Challenge. Cited in: Safeguarding the Convoy. A Call to Action from the Campaign to End Loneliness. Oxon; 2011.
- ⁸ National Institute on Aging. Social isolation, loneliness in older people pose health risks. Natl Inst Aging. 2019 Apr 23.
- ⁹ National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Health and Medicine Division; Board on Behavioral, Cognitive, and Sensory Sciences; Board on Health Sciences Policy; Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System [Internet]. PubMed. Washington (DC): National Academies Press (US); 2020. Available from: <https://pubmed.ncbi.nlm.nih.gov/32510896/>

- ¹⁰ ONS NOMIS. Available from: Your Data – Nomis – Official Census and Labour Market Statistics, last accessed 03/07/2025.
- ¹¹ You are not alone in feeling lonely: Loneliness in later life [Internet]. 2024. Available from: <https://www.ageuk.org.uk/siteassets/documents/reports-and-publications/reports-and-briefings/loneliness/you-are-not-alone-in-feeling-lonely.pdf>
- ¹² Orenstein GA, Lewis L. Eriksons stages of psychosocial development. InStatPearls [Internet] 2022 Nov 7. StatPearls Publishing.
- ¹³ Data source: WISC Population Health Dashboard 31.01.25
- ¹⁴ Data source: WISC Population Health Dashboard 23.01.25
- ¹⁵ Data source: WISC Population Health Dashboard 29.01.25
- ¹⁶ Davies K, Maharani A, Chandola T, Todd C, Pendleton N. The longitudinal relationship between loneliness, social isolation, and frailty in older adults in England: a prospective analysis. *The Lancet Healthy Longevity*. 2021 Feb 1;2(2): e70–7.
- ¹⁷ Holt–Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS medicine*. 2010 Jul 27;7(7): e1000316.
- ¹⁸ Mind. About loneliness [Internet]. Mind.org.uk. Mind; 2019. Available from: <https://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness/about-loneliness/>
- ¹⁹ Choudrie J, Ghinea G, Songonuga VN. Silver surfers, e-government and the digital divide: An exploratory study of UK local authority websites and older citizens. *Interacting with Computers*. 2013 Nov 1;25(6):417–42.
- ²⁰ Aked J, Marks N, Cordon C, Thompson S. Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people’s well-being. London: new economics foundation. 2008 Oct.
- ²¹ Wolov J. Loneliness During Retirement: When the Years Aren’t So Golden [Internet]. The Roots of Loneliness Project. Available from: <https://www.rootsofaloneliness.com/retirement-loneliness>
- ²² Age UK Hillingdon, Harrow and Brent 2023 data
- ²³ Reading Friends Impact Overview 2023–24 – The Reading Agency [Internet]. The Reading Agency. 2023 [cited 2025 Jan 31]. Available from: <https://readingagency.org.uk/resources/10103>

- ²⁴ Find a Warm Welcome Space Today [Internet]. www.warmwelcome.uk. Available from: <https://www.warmwelcome.uk/>
- ²⁵ Crittenden JA. Volunteering as a strategy for combatting social isolation. Social isolation of older adults: Strategies to bolster health and well-being. 2018 Dec 17;1:94.
- ²⁶ Hillingdon - learn, laugh, live. [Internet]. U3asite.uk. 2024 [cited 2025 Jan 31]. Available from: <https://hillingdon.u3asite.uk/>
- ²⁷ MHA Dementia Strategy. Achievements and next steps 2023 - 2026. Connection; 2023.
- ²⁸ 1. Annual report [Internet]. 2023 [cited 2025 Feb 6]. Available from: <https://static1.squarespace.com/static/6205030ba16553242fb09a0d/t/6703bdf8293259361984d7c6/1728298493467/Annual+report+2024.pdf>
- ²⁹ WHO evidence and gap map on digital interventions to reduce social isolation and loneliness in older adults [Internet]. www.who.int. Available from: <https://www.who.int/initiatives/decade-of-healthy-ageing/evidence-gap-map/sil-digital>
- ³⁰ Welch V, Ghogomu ET, Barbeau VI, Dowling S, Doyle R, Beveridge E, Boulton E, Desai P, Huang J, Elmestekawy N, Hussain T. Digital interventions to reduce social isolation and loneliness in older adults: an evidence and gap map. Campbell Systematic Reviews. 2023 Dec;19(4):e1369.
- ³¹ Digital everyone - Hillingdon Council [Internet]. Hillingdon Council. 2025 [cited 2025 Jan 31]. Available from: <https://www.hillingdon.gov.uk/digital-everyone>
- ³² Willis P, Vickery A, Hammond J, Symonds J, Jessiman T, Abott D. Addressing older men's experiences of loneliness and social isolation in later life. Policy Bristol. Bristol: University of Bristol. <https://www.bristol.ac.uk/media-library/sites/policybristol/PolicyBristol-PolicyReport-51-Apr20.2019>
- ³³ Willis P, Vickery A, Hammond J, Symonds J, Jessiman T, Abott D. Addressing older men's experiences of loneliness and social isolation in later life. Policy Bristol. Bristol: <https://www.bristol.ac.uk/media-library/sites/policybristol/PolicyBristol-PolicyReport-51-Apr20.2019>
- ³⁴ Musich S, Wang SS, Schaeffer JA, Kraemer S, Wicker E, Yeh CS. The association of physical activity with loneliness, social isolation, and selected psychological protective factors among older adults. Geriatric Nursing. 2022 Sep 1;47:87-94



HILLINGDON

LONDON