



COFFEE AND CHAT: From Loneliness to Connection



COFFEE AND CHAT:
**From Loneliness to
Connection**



Bring to mind

A time you've felt
lonely.

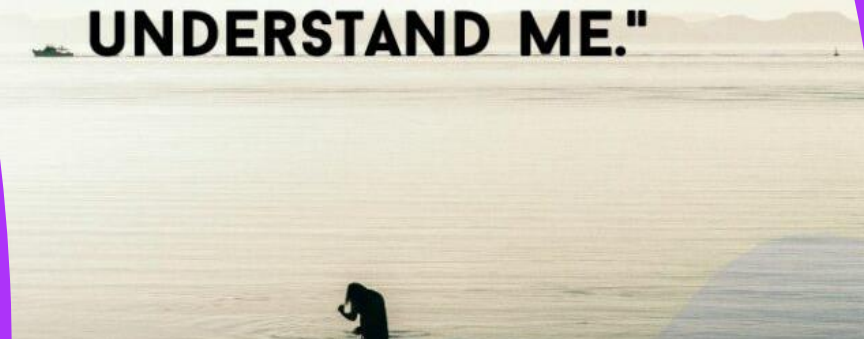
What helped you
feel better at that
time?

AGENDA

- Starting reflection
- The importance of connection
- JSNA chapter – findings for children & young people
- Breakout reflection and questions
- Case studies
 - How others are working to reduce loneliness through connection
- Closing Q&A and reflections



**"MY LONELINESS IS DUE
TO PEOPLE AROUND ME
WHO DO NOT
UNDERSTAND ME."**



Sometimes in life,

The person who tries to keep everyone happy,

Turns out being the most lonely person...



"Lonely is not
being alone, it's
the feeling that
no one cares."



Sometimes you need
to be alone.
Not to be lonely, but to
enjoy your free time
being yourself .



Quotes from Eikon's Young People

'Being at group makes me feel like I belong as it's a space where people understand me, and I don't have to pretend to be someone I'm not'

'Over the past 8 months my child has been recovering from burnout, unable to attend school or to enjoy many things they previously would have loved. At its worst they were bed bound 24/7.....leaving the car was too difficult initially and has continued to be difficult for future appointments, however the relaxed and gentle approach of Katy has helped them feel safe in their presence.

They are happy to attend, it is sometimes the only time in the week that they get ready in the usual way of getting washed and dressed to go out.....they are now animated and energised afterwards, often able to engage more in life for the following 24 hour period before withdrawing again to the safety of their bed/room.'

The importance of connection for children and young people

Dr. Kathryn Hollins

Consultant Parent, Child and Family Psychiatrist and Psychotherapist



Surrey and Borders Partners
NHS Foundation Trust



<https://time4kids.org>



Jane
Soothill

Policy & Programme
Manager

Health & Well-Being
Strategy Team
Public Health and
Communities



The Joint Needs Strategic Assessment (JSNA)

Chapter for Loneliness and Social Isolation – exploring findings for children & young people



Joint Strategic Needs Assessment

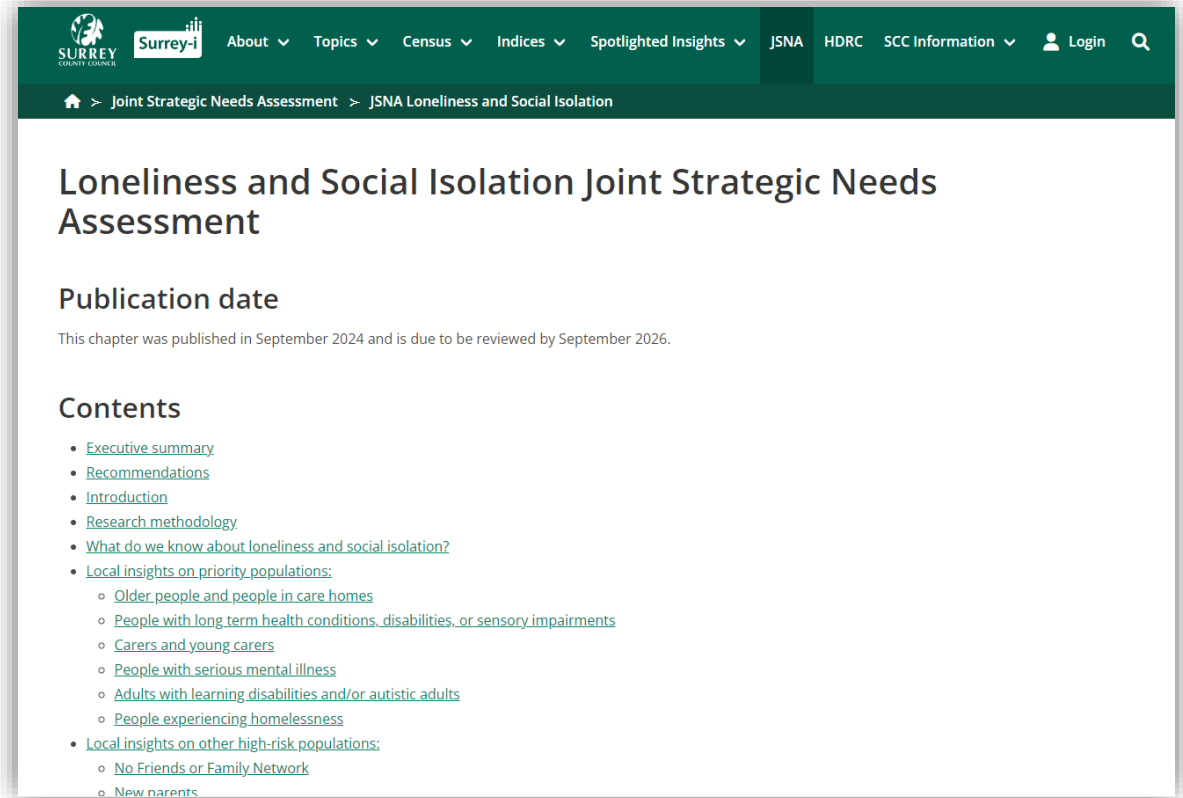
Statutory requirement to measure the current and future health and social care needs of Surrey residents (tell one version of the truth).

It supports local leaders and commissioners to make **informed decisions** and to shape services in a way that best serves their communities.

Predominantly led by the SCC Public Health Intelligence and Insights team and **co-produced with other partners**.

Should have **meaningful representation** from the local community.

Is **publicly available** on the Surrey-I [website](#).



The screenshot shows the Surrey-i website interface. The top navigation bar includes the Surrey-i logo, a search icon, and menu items for About, Topics, Census, Indices, Spotlighted Insights, JSNA, HDRC, SCC Information, and Login. The breadcrumb trail reads: Home > Joint Strategic Needs Assessment > JSNA Loneliness and Social Isolation. The main heading is "Loneliness and Social Isolation Joint Strategic Needs Assessment". Below this, the "Publication date" section states: "This chapter was published in September 2024 and is due to be reviewed by September 2026." The "Contents" section lists the following items:

- [Executive summary](#)
- [Recommendations](#)
- [Introduction](#)
- [Research methodology](#)
- [What do we know about loneliness and social isolation?](#)
- [Local insights on priority populations:](#)
 - [Older people and people in care homes](#)
 - [People with long term health conditions, disabilities, or sensory impairments](#)
 - [Carers and young carers](#)
 - [People with serious mental illness](#)
 - [Adults with learning disabilities and/or autistic adults](#)
 - [People experiencing homelessness](#)
- [Local insights on other high-risk populations:](#)
 - [No Friends or Family Network](#)
 - [New parents](#)

[JSNA Loneliness and Social Isolation | Surrey-i](#)

Defining loneliness & social isolation

The Campaign to End Loneliness defines 3 types of loneliness:

- **Emotional** loneliness – ‘the absence of meaningful relationships’.
- **Social** loneliness – a ‘perceived deficit in the quality of social connections’.
- **Existential** loneliness – a ‘feeling of fundamental separateness from others and the wider world’.

The Campaign to End Loneliness distinguishes between ‘transient’ and ‘chronic’ loneliness:

- **Transient** loneliness – a feeling that comes and goes.
- **Situational** loneliness – only occurring at certain times like Sundays, bank holidays or Christmas.
- **Chronic** loneliness – feeling lonely all or most of the time.

Social isolation is different from loneliness. Loneliness is an emotional experience, but social isolation is a lack of social contact and a deficit of meaningful relationships.

Health & wellbeing implications of LSI

Behavioural

Unhealthy behaviours
Smoking
Drinking

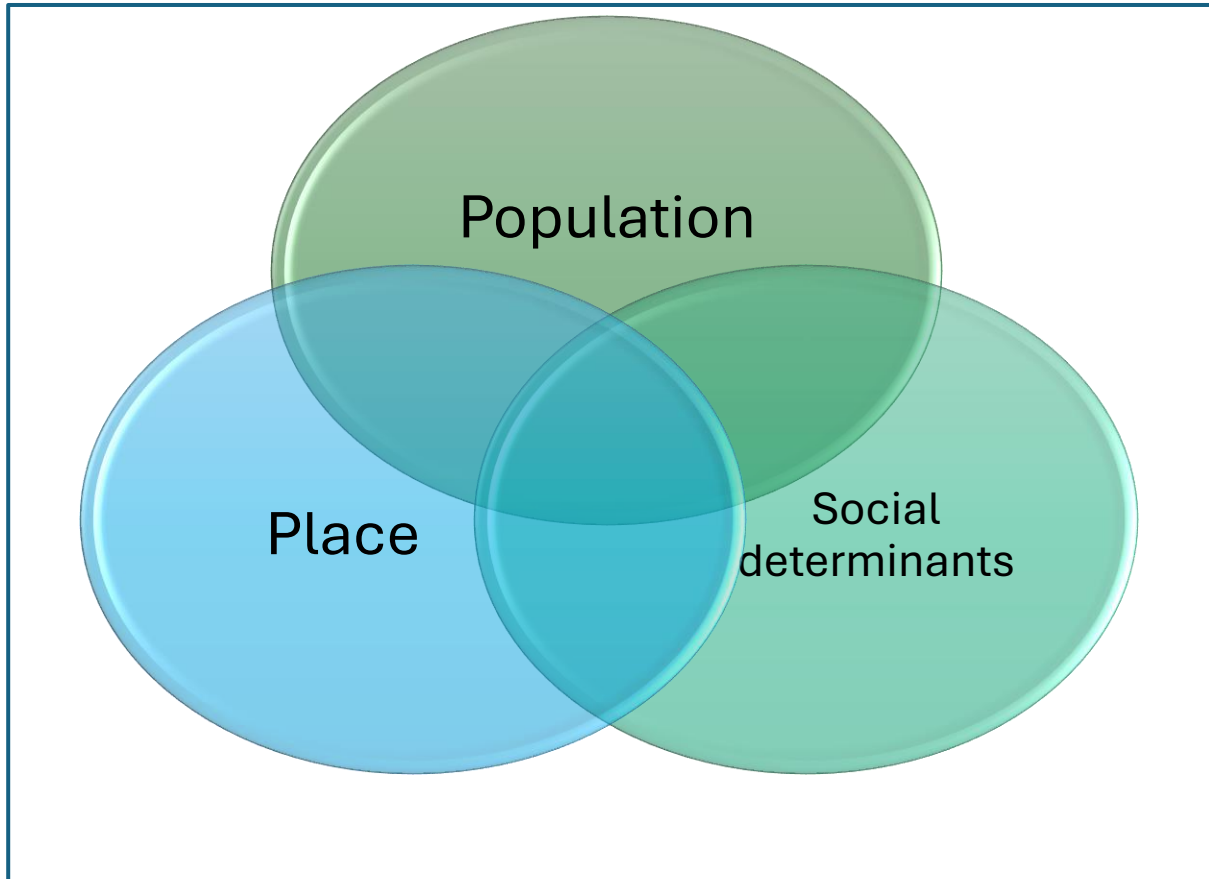
Psychological

Mental wellbeing
Self-esteem
Suicide

Physiological

Obesity
Physical inactivity
Inflammation

Experiences of inequality



Experiences of loneliness and social isolation – and their impact on health and wellbeing – are mediated by other experiences of inequality.

These inequalities may be shaped by geography (where someone lives), by population characteristics (how someone identifies), and by life experiences.

Someone's experiences of loneliness and social isolation will be influenced by the intersection of these inequalities of place and experience.

Good social connection will look different for different individuals and communities.

Theoretical frameworks

1. **'Critical exposure'** exposure to risk factors for loneliness have a differential effect on outcomes if experienced at some life stages than others.
2. **'Cumulative deficit'** outcomes are related to their cumulative exposure to disadvantage.
3. **'Social justice'** social and structural conditions that render it unequally distributed in society.

Reported loneliness is higher for those who are:

- 16-24 years old
- female
- single or widowed
- living with a limiting mental health condition
- renters
- lower neighbourhood belonging
- lower local social trust



Where we started

Methodology

Research, data collection, data analysis (November 2023 to June 2024)

Desk-based research

- National & local policy & best practice, literature review

Stakeholder surveys

- 105 professionals
- 940 residents

Facebook community polls

- 1208 residents

Focus groups

- 24 people with lived experience

Workshops

- 64 wellbeing professionals

2,172 residents
169 professionals

Engagement, guidance, and consultation on emerging findings and recommendations (March 2024 to July 2024)

Co-production and Insights Group

Mental Health Prevention Board (MHPB)

Independent Mental Health Network

MHPB Business Group

Chapter co-sponsors

JSNA Oversight Group

Lived experience

Chapter authors held focus groups with CYA Emotional Wellbeing & Mental Health and ATLAS Group:

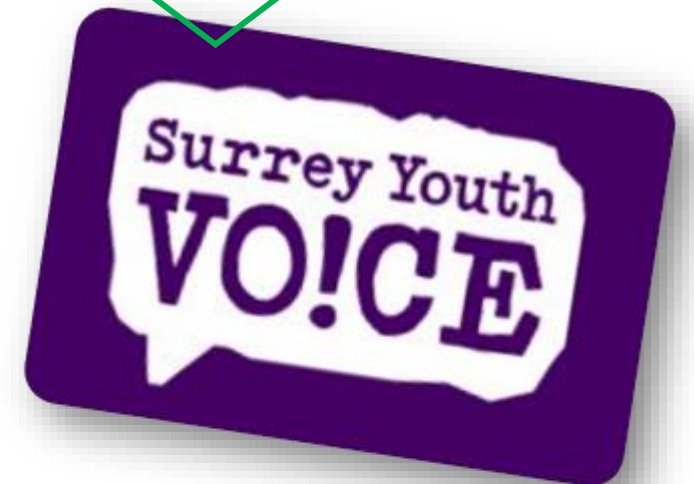
"I think there's two different types of loneliness - the kind where you don't see anyone or don't interact with anyone and the kind where you're surrounded by people, always talking to people but you don't feel the connection."

"You can be surrounded by people trying to help you but when you don't know anyone who's ill in the same way you are, that can feel really lonely."

"I think feeling understood by the adults (e.g. parents + teachers) around you is really important for not feeling lonely. when you feel misunderstood and feel your problems are dismissed and are 'normal teen problems' it makes you feel so alone + unworthy. This can stop you reaching out in the future and continue to make you feel lonely."

"I feel parents need to be educated on how social media is not bad and is a lifeline for many young people, especially when struggling with loneliness."

'It's hard to find friends that understand you.'
"That's when socialising for autistic people/ neurodivergent people is much more difficult."
"It's hard when friends don't understand or respect the boundary."



What we learnt

- People who are lonely or socially isolated are more likely to experience worse health and wellbeing outcomes, regardless of age or where they live, than people who have good social connections with friends and family.
- Loneliness and social isolation arise from social, economic, and structural inequalities that put some individuals at higher risk than others.
- Loneliness and social isolation can affect anyone across the life course.
- Young people (aged 16-24) are more likely to report feeling lonely than people over the age of 65.
- There is intersectionality between age-related loneliness and a range of protected characteristics, including gender, sexuality, ethnicity, and health status.
- The provision of social activity does not, in and of itself, address loneliness and social isolation if the social, emotional, and structural barriers to these activities for some populations are not also addressed.
- We know that loneliness and social isolation will not be solved in isolation from targeting the structural enablers that create the conditions within which people can sustain social connection – like public transport, digital access, employment, household income and inclusive communities.
- There is an economic cost to loneliness & social isolation in terms of health, productivity and wellbeing equating to just under £10K per person per year for moderate to severe loneliness.

What we learnt – children & young people

Young people are more likely to experience loneliness than older people.

Social media is both a barrier to and an enabler of social connection.

Adverse events during childhood or adolescence can be triggers for chronic loneliness which may persist into adulthood and is detrimental to physical and mental health.

Neurodiverse children and young people are more likely to experience loneliness than their neurotypical peers.

For children and young people with learning disabilities, evidence suggests that fear of being bullied is keeping them socially isolated.

For children and young people who experience mental ill-health, stigma is shown to disrupt social relationships, and lead to loneliness, social isolation, and depression.

Young transgender LGBTQ+ people are more likely to experience loneliness & social isolation than cis gender young people.

What we learnt – children & young people

For parents of children with additional needs & disabilities, cuts to services can have a serious impact on the social opportunities available to their children and on the quality of their family life.

Evidence shows that when a young person is excluded from school the adverse effects of exclusion – combined with loneliness and social isolation, declining mental health and risk of homelessness – can be a self-perpetuating cycle whereby inequality is entrenched.

In Surrey, the school absence rates for children eligible for free school meals is higher than both the national and Southeast average. This is also true for absence of children from the Gypsy, Roma and Traveller community

Emotionally-based school non-attendance can be isolating for children and their parents or carers.

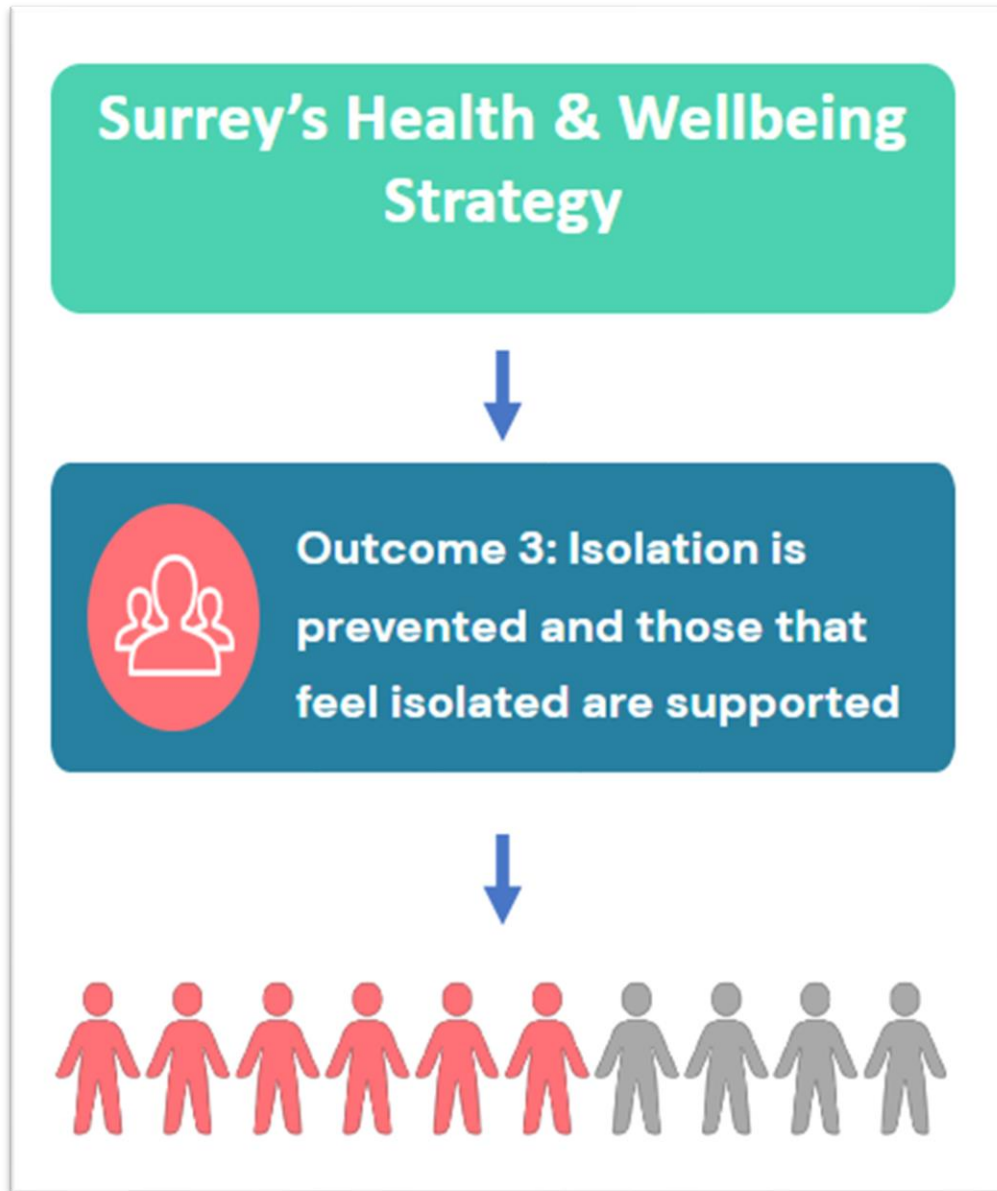
Government research shows that nearly all students (92%) experience loneliness and nearly half (43%) worry about being judged if they admit to feeling lonely. Over half (53%) of students feel uncomfortable seeking help for loneliness. Loneliness was more of a concern for students than money, housing or managing their course.

Social connection and high-quality personal relationships are important for health & wellbeing. Opportunities to develop meaningful relationships with peers and people who share similar experiences may be more impactful than social activities alone.

Call to action

"This chapter recognises that the loneliness and social isolation experienced by children and young people – especially those with additional needs or disabilities, emotionally-based school non-attenders, and those on waiting lists for mental health and neuro-diversity assessments (and their families) – is an urgent issue with medium- and long-term implications for the physical health, emotional wellbeing, and socio-economic productivity of a generation."

Chapter recommendations



CYP Emotional Wellbeing & Mental Health Strategy

Suicide Prevention Strategy

Mental Health Investment Fund

LSI Action Plan (whole system)

Mental Health: Prevention Board (2025/26 Work Plan)

Combined HWB/ICP Board



COFFEE AND CHAT: From Loneliness to Connection



Sarah
Beasley

Scheme Director at
Runnymede & Woking



Case Study: Loneliness & Isolation in new mums



Loneliness and isolation in new mums

- 80 to 90% of new mothers feel lonely
- 43% of mothers under 30 feel lonely all the time
- Loneliness is more prevalent in new parenthood than in the general population
- Even more common in certain at-risk groups, including young parents, immigrant and refugee mothers, mothers without supportive partners, mothers looking after a child with significant health problems
- Loneliness is a key risk factor for perinatal depression
- Reasons include: absence of community and social networks, mismatch between expectation and reality, transport, poverty



Consequences of perinatal isolation

- Worsening mental health issues for mother
- Attachment issues
- Lack of socialisation for baby
- Reduced opportunities for play and language development
- Parental relationship issues
- Lack of access to services and health care
- Long term poorer outcomes for children – physical, mental, social, educational, economic



What is Home-Start doing to help?

- Home-Start model of peer support
- Training for volunteers: perinatal mental health, attachment, importance of play
- Groups in the community – located intentionally for ease of access
- **It's not just a case of putting on a group and expecting new mums to attend – we need to do more**
- Reducing the barriers to group support: Meet and greets, accompanying, pre-group intros

- Carla and Jonah's story – from isolation to community and acceptance



Katy Berry

Project Worker (LGBTQ+
Programmes - IAmMe)



Case study:
LGBTQ+ YP and Loneliness





LGBTQ+ YP and Loneliness



Brief Introduction:

- LGBTQ+ YP are disproportionately affected by loneliness due to stigma, discrimination, and lack of acceptance including fear of rejection which can isolate young people.

A few examples of things which contribute to this include:

- Few visible LGBTQ+ role models contributing to feelings of isolation or lack of belonging.
- Limited access or opportunities to interact with supportive LGBTQ+ spaces, especially in some faith communities or rural areas.
- Feeling disconnected from society and questioning their place in the world, often wondering if they'll ever be understood by peers.



LGBTQ+ YP and Loneliness

Case Study

- Alex (*not real name), a 13-year-old, was questioning their identity as non-binary and didn't know anyone else who shared similar experiences. They felt isolated and unsure of how to express their feelings, which led to low self-esteem and difficulty connecting with others. They also struggled with social interactions due to their ASC.
- Interventions: Started attending IAmMe fortnightly youth group and began receiving 1:1 support. In the group, they met other trans and non-binary young people of the same age. They also attended trips to Brooklands Museum as part of our collaboration with raising awareness of LGBTQ+ History within the community. During the 1:1 sessions, we worked on exploring their identity and building confidence to express their thoughts and feelings.



LGBTQ+ YP and Loneliness

Case Study

Outcomes:

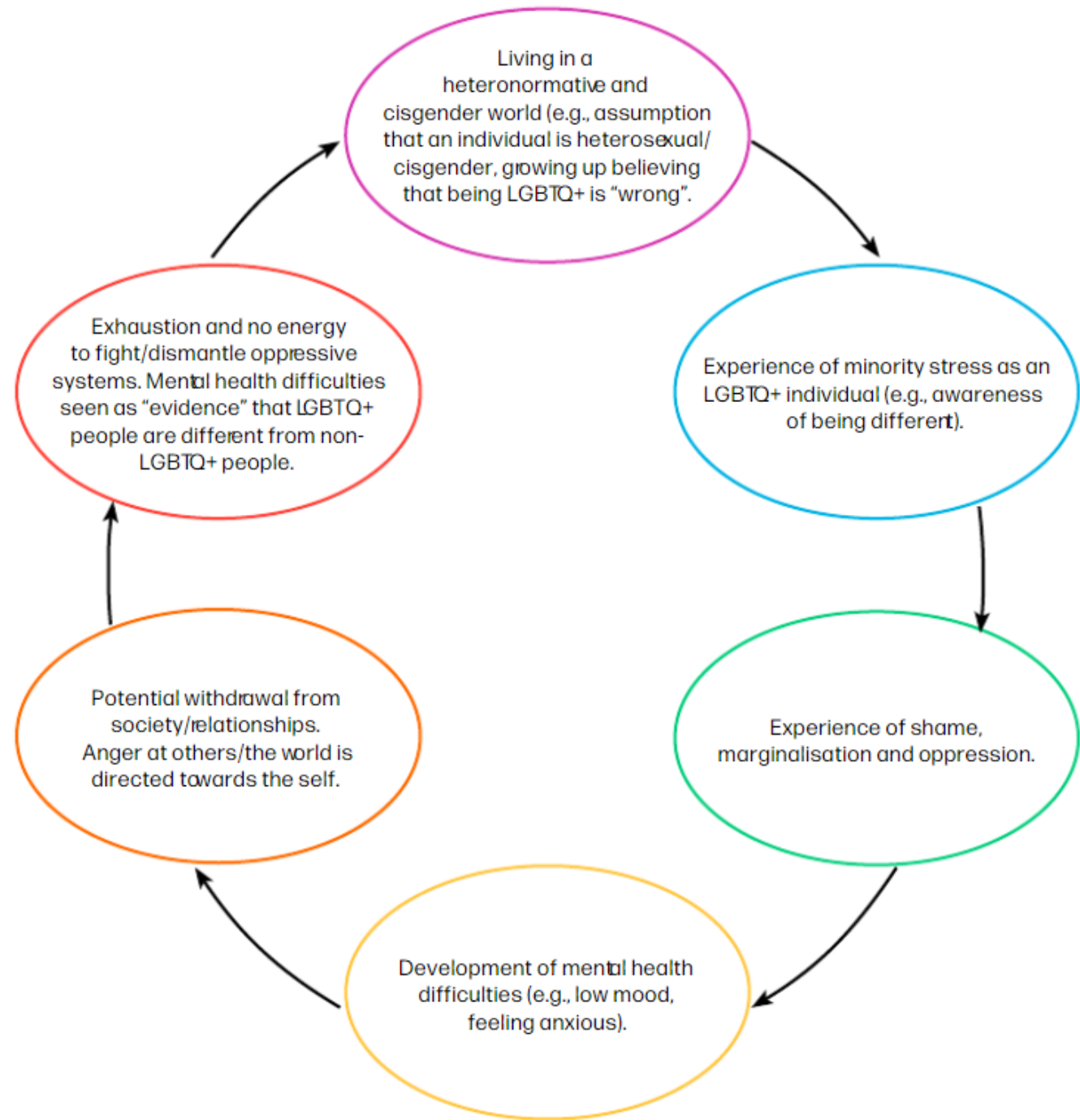
- YP felt confident to come out to their family and found the words to explain how they felt about their identity, which led to more positive interactions at home – particularly as they were getting frustrated over gendered language but felt unable to express why.
- Connecting with other trans young people increased their sense of belonging and allowed them to be more comfortable with themselves. Further to this, YP has chosen to come out to people at school and advocate for themselves in situations which previously were causing them to have shutdowns and meltdowns.



Final Comments

YP Quote:

- ‘People sharing their name and pronouns and not making assumptions about me helps me feel they understand why it is important, don’t have to feel scared with them.’
- Always use the language that people would use for themselves



Future Coffee and Chats

Next Coffee and Chat session online on **Tuesday 21st
January 2025** (12:00 – 13:30) Topic – TBC

<https://surreyyouthfocus.org.uk/events>

<https://surreyyouthfocus.org.uk/bulletins>

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