Council Address: Harry Jenkins

Loneliness affects people of all ages, but is particular prevalent among the elderly. Nationwide, around 10% of old people feel lonely often or always, with a much larger proportion feeling it sometimes. Over half of all people aged over 75 live alone and over half of all old people say the television is their main form of company. Loneliness not only afflicts people who live alone but also those who live in care and residential homes: from my own volunteering experiences, it's clear that being surrounded by people of your own age doesn't always provide residents of homes with the companionship they need.

Loneliness has a huge bearing on one's mental health, making people feel out of touch and trapped, fostering feelings of worthlessness and lowering people's self-esteem, in turn creating a vicious cycle that makes it harder for people to reengage with society. Lonely people are also at a greater risk of cognitive decline and developing dementia, decreasing their capacity to be self-sufficient and so increasing their vulnerability. More and more research is showing that loneliness is also extremely detrimental to one's physical health: the effect of loneliness on mortality exceeds the impact of well-known factors such as obesity and physical inactivity and is the equivalent of smoking 15 cigarettes a day.

Without due attention, loneliness will continue to affect more and more people as our population ages. Local government must recognize that loneliness is a public health challenge that is both urgent and in need of action. Failure to do so will lead only to a greater number of vulnerable or ill old people in need of costly health and care services.

I'm a project coordinator of a student-led project called Linkages, which encourages and assists students to volunteer and engage with the elderly community in the Oxford city area, with support from the Oxford branch of the charity Student Hubs. Currently we are in the process of setting up a student befriending scheme, aimed at getting university students to visit old people who live alone, providing them with regular intergenerational contact as well as telephone and written correspondence outside of academic term times. Similar schemes are run on a county level by charities such as AgeUk and Oxfordshire Befriending for Life, and in Oxford itself by the Archway Foundation. In seeking advice on setting up our own scheme, a clear picture emerged from talking to people who ran such schemes: that they are oversubscribed and so can only do so much in helping to sustain a quality of life for elderly people in the Oxford area. Community projects can go a long way in helping those in need, but cannot independently solve the problem of loneliness.

The council can provide real leadership on this issue by creating a long-term strategy to combat loneliness: it has the means to identify who is worst affected and for what reasons; it can ensure general services are geared up to meet the needs of those who are lonely; and by working closely with and supporting a range of already existing community resources, such as neighbourhood-level schemes like ours, it can quickly and cost effectively begin to raise awareness and provide more support to those who need it.

By tackling loneliness, the council can both diminish the vulnerability of the elderly in Oxford city as well as improving their general quality of life.

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