

Loneliness and Social Isolation in Reading

A report based on findings from a Reading-wide questionnaire into loneliness and isolation in April and May 2017.

Report funded by

The Earley Charity



by hook or by crook

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Forward

By Cllr Graeme Hoskin

I'm delighted to have been asked to provide a forward to this important and extremely timely report. I won't repeat the startling evidence about how loneliness and isolation has a major impact on people's health and wellbeing. That evidence is laid out below.



We know Reading is no different to the rest of the country and this is a major issue for our town. That is why addressing loneliness and isolation is one of our key priorities in Reading's new Health and Wellbeing Strategy.

The survey and this report is a great piece of partnership work giving us real insight into the nature of social isolation in Reading. I was particularly interested in the evidence around the greater incidence amongst new residents and not just the problem of isolated older people that we have sometimes assumed.

The only way we will make a real positive change and reduce levels of isolation and loneliness is through the whole town, public bodies, the voluntary and community sector, and neighbourhoods all making sure we improve the connections and support we give each other. Reading is a fantastic town. Full of life, diversity and a vibrant community life. Our job is to make sure everyone is welcomed and included in that.

Thanks,

Graeme

Cllr Graeme Hoskin

Lead Councillor for Health and Chair of Health & Wellbeing Board

Executive Summary

The survey has highlighted who is most likely to be experiencing loneliness and isolation, how it impacts on different groups of people, what barriers they face to reducing their loneliness and what they would like to be doing if those barriers could be overcome.

The survey underrepresented young people, ethnic minorities and men. The respondent group was not random and mostly relied on involvement in social groups or support services, or access online through social media channels, driven mainly by Reading Voluntary Action. Therefore, although insightful, the results do not represent the population as a whole.

Barriers to social activity

- 1) The main barriers to people being more socially active are
 - a) Lack of information about what / when / where things are happening
 - b) Lack of confidence
 - c) Difficulties with transport
- 2) Lack of knowledge about when / where / what is going on affects people who are new to Reading most of all, and consequently affects younger people more.
- 3) Lack of confidence affects people of working age more than older people
- 4) Transport problems particularly affect those with health issues, financial issues, in unstable / temporary accommodation, are unemployed and over 85 years old.

Who is lonely?

- 5) Many people automatically assume older people are most lonely, but the questionnaire did not entirely reflect this assumption. Respondents aged 65-74 had the highest proportion of people who were *mostly to always lonely*. People aged 85+ were far more likely to feel lonely than any other age group at some point each week.
- 6) The survey was more likely to reach isolated younger people than isolated older people as the survey was available online. Older respondents are more likely to have accessed the survey by being involved in social groups or support services, which indicates they are already socially active.
- 7) Lack of social contact does not always correlate to loneliness, but twice as many respondents with limited social contact are *moderately to always lonely* than others.
- 8) People who are mostly to always lonely tend to face multiple barriers to being more socially active (eg physical health, mental ill health, financial, lack of knowledge).
- 9) Length of time living in Reading has a considerable impact on loneliness.

What sort of activity did respondents want?

Over half of all respondents were interested in accessing more small group activities and social events, and over one third of respondents wanted opportunities to meet for lunch, coffee or one-to-one.

We also looked specifically at respondents who were lonely and lacking confidence. They had a much greater interest in one-to-one activities (23% higher than all respondents), walking groups (10% higher), meeting neighbours (15% higher) and volunteering (15% higher) than all respondents.

Partner organisations

This report is based on a questionnaire to inform a partnership of local charities and Reading Borough Council how they can work together better, to address issues of social isolation and loneliness in Reading. The questionnaire can be found as an appendix to the report.

Reading Voluntary Action led on the survey with the support of Reading Borough Council to develop the survey and to analyse the data. The following organisations supported the completion of the questionnaires:

Reading Voluntary Action	IRIS Partnership
Reading Borough Council Wellbeing Team and 50+ Social Groups	Kennet Surgery
Reading Community Learning Centre	Tilehurst Surgery
Launchpad Reading	University Medical Practice
Reading and West Berkshire Carers' Hub	Whitley Researchers
A number of local churches	Engage Befriending
	Reading Libraries
	Age UK Reading

Many others supported by sharing on social media or directing people to the questionnaire.

Acknowledgements

As well as all partner organisations, I would like to offer special thanks to Sarah Hunneman (Reading Borough Council) for help with the development of the questionnaire and Kim McCall (Reading Borough Council) who helped with the data analysis.

The quality of the report was also greatly improved thanks to Dr Steve Hendry (RVA), Sarah Morland (RVA), Lillian King (RVA trustee), Karen Morton (RVA trustee), Cathy Hills (RVA volunteer) Stephanie Schenkelberg (RVA intern), Adam Halford (RVA Intern), Katherine Shepherd (Mustard Tree Foundation), Fiona Price (Age UK Berkshire), Matt Taylor (Age UK Reading) and Dr Sophie Bowlby (Readibus trustee) for reviewing, proofreading and providing essential feedback on content, format and style.

Special thanks also go to the Earley Charity who funded the research for this report.

Aims and approach

The need for the survey came from a recognition that local organisations must work together more collaboratively to address loneliness and social isolation. Organisations currently working with beneficiaries recognised this as an issue, and national research has revealed what the issues are nationwide. However there was not coherent Reading-wide understanding of what the issues looked like locally.

The purpose of conducting this research was to identify:

1. Who is affected by loneliness and isolation in Reading?
2. What barriers do they face to being socially active?
3. What would enable people feel less lonely and socially isolated?

The questions were formulated by Reading Voluntary Action and Reading Borough Council and reviewed by Engage Befriending, MacMillan Cancer Support, Sue Ryder Care, Age UK Berkshire, Age UK Reading and Reading and West Berkshire Carers Hub.

Defining *Loneliness* and *Social Isolation*

The terms loneliness and social isolation are, at times, used interchangeably, however there is a distinct difference between the two, though they can go hand-in-hand. When the terms are referred to in this report, the following definitions have been adopted:

Loneliness is characterised by a negative feeling which occurs as a result of the gap between desired and actual quality of relationships or social contacts. Loneliness can be situational / transient or chronic.¹

Social isolation is generally agreed to be more objective than loneliness and relates to the extent to which an individual is isolated from social contacts including friends, family members, neighbours or the wider community.²

¹ De Jong Gierveld and Van Tilburg 'A 6-Item Scale for Overall, Emotional, and Social Loneliness' *Research on Aging* 28 pp. 582-598, 2006

² As above

Methodology and response sources

The survey was made available in hardcopy and online. Local organisations helped to distribute the survey and encouraged or supported their beneficiaries to fill it out. The survey was available in public venues such as GPs surgeries (Kennet Surgery, Tilehurst Surgery and University Practice participated) and libraries.

Reading Voluntary Action held a stall in Broad Street Mall inviting shoppers to fill out the survey and the Whitley Researchers³ actively engaged with residents in Whitley to gather responses in that area.

The survey was accessed online through information on the Reading Voluntary Action website and through social media, led by Reading Voluntary Action but widely shared by others.

Here is the breakdown of survey response sources:

94 Reading Borough Council supported 50+ social groups
 77 Reading Community Learning Centre
 38 GPs surgeries
 27 Whitley Researchers
 14 Launchpad Reading
 13 IRIS Partnership
 12 Broad Street Mall
 11 Befriending organisations
 11 Libraries
 9 Caversham Wellbeing Fair
 7 Central Library Games Club

Hard copies (from specific groups / places)	313
Other sources	11
Online	113
Total	437

74% of all respondents (324) completed the questionnaire on hard copy forms and 26% of respondents (113) filled out the survey online. 66% of 18-29 year olds filled the questionnaire out online as opposed to just 6% of all respondents over 75 years.

As we read the results, it is important to note that, due to the methods of accessing survey respondents, we were most likely to reach people who are able to get out and about and those who are connected online. Additionally, 209 respondents (48%) filled out the survey through an organisation so we know they are accessing support services. This will impact on the results as we were more likely to reach local residents who are already connected somehow in the community.

³ Whitley Researchers are a group of resident researchers, supported by the University to carry out high quality, locally relevant research in their community.
<https://blogs.reading.ac.uk/participation-lab/the-whitley-researchers-action-research-project-in-reading>

Background and existing research

Loneliness and isolation are issues that can affect people at any stage in life. In recent years, the issue has been widely covered in the media thanks to high profile campaigns such as the *Campaign to End Loneliness*⁴ and the *Jo Cox Commission on Loneliness*⁵. Both campaigns aim to reduce the stigma related to loneliness and to engage everyone in the conversation about, and in action to reduce loneliness.

One study identified that individuals lacking social connections are 26% more likely to die prematurely than those who do not report as lonely⁶ and is comparable to the risks associated with obesity and smoking 15 cigarettes per day.⁷

Loneliness is also understood to have an impact on cognitive decline and 64% increased chance of developing clinical dementia.⁸ A number of studies have identified loneliness as a predictor of depression.⁹

This insight highlights the role that reducing the prevalence of loneliness in our communities can have on people's physical and mental health. Reading Borough Council identified through its Narrowing the Gap programme¹⁰ that reducing loneliness results in:

- fewer GP visits, lower use of medication, lower incidence of falls and reduced risk factors of long term care;
- fewer days in hospital, physician visits and outpatient appointments;
- fewer admissions to nursing homes and later admissions.

Reducing the risks loneliness and social isolation is a priority of the Reading's Health and Wellbeing Strategy 2017-2020.

It is clear that reducing the prevalence of loneliness and isolation does not only have an effect on wellbeing, but also on physical, cognitive and mental health.. In light of this wider research into loneliness and isolation, this report focuses on the local, Reading context.

⁴ Campaign to End Loneliness, <https://www.campaigntoendloneliness.org/>

⁵ Jo Cox Commission on Loneliness, www.jocoxloneliness.org

⁶ Holt-Lunstad, *Loneliness and Social Isolation as Risk Factors for Mortality*, 2015

⁷ Holt-Lunstad, *Social Relationships and Mortality Risk*, 2010

⁸ Holwerda, *Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly*, British Medical Journal, 2012

⁹ Roberts, *A Summary of Recent Research Evidence about Loneliness and Social Isolation, their Health Effects and the Potential Role of Befriending*, Befriending Networks, 2015

¹⁰ Reading Borough Council, *Narrowing the Gap*, 2015

Who responded to the questionnaire?

The survey was filled out by 445 people, but 8 identified as living at a postcode outside of the Reading Borough area. Therefore the research is based on responses from 437 local residents. This represents 0.27% of the Reading population (161,739).

Gender

The response rate was heavily weighted towards females, with 308 female respondents (70.5%) compared to 124 male respondents (28.4%). The survey collection techniques may have played a role in creating this imbalance; a) many were filled at older people's social groups, where more females attend; b) there is some research to suggest women are more likely to fill out online surveys than males¹¹. Five respondents did not provide information on gender.

Age range of respondents

The survey was targeted at adults only and attracted responses from all ages. Figure 1 highlights where there is disparity between the proportion of specific age groups of the Reading population versus the proportion of survey respondents in each age bracket. The age band 18-29 year olds were heavily underrepresented in survey responses whereas ages 65+ were overrepresented in survey results.

Age Band	Survey Population		Reading Population	
	No.	%	No.	%
18-29	39	9	32729	26
30-49	156	36	49764	40
50-64	79	18	23380	19
65-74	64	15	10209	8
75-84	65	15	6360	5
85+	33	8	2864	2

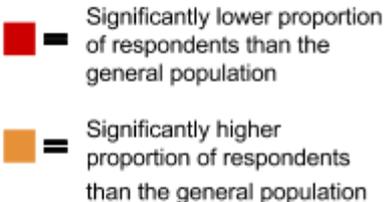


Fig 1

The disparity of results could be for a number of reasons, in particular, the more targeted approaches to having questionnaires filled out were most likely to reach older age groups. This included 50+ social groups, befriending organisations and carers' organisations.

¹¹ Smith, Grinell, Does gender influence online survey participation?: A record-linkage analysis of university faculty online survey response behavior, http://scholarworks.sjsu.edu/cgi/viewcontent.cgi?article=1003&context=elementary_ed_pub

Ethnicity of respondents

Residents from a wide range of ethnic backgrounds responded. Overall, the survey reached 73% of survey respondents who identify as White British/English/Welsh/Scottish/Northern Irish (here on in: White British), although the proportion of the Reading population as a whole who identify as White British is 65%. Respondents who reported an ethnic group other than White British were more likely to be aged 30-49 years (60% of respondents compared to 26% of respondents with White British ethnicity) and less likely to have lived in the area for four years or more (60% compared to 84% of respondents with White British ethnicity). The survey reached proportionately higher numbers of people aged 65 plus, and this demographic is less ethnically diverse than younger age groups.

A high sample number selected 'other' and some then described an ethnicity that may have in many cases fitted into 'any other white background' or 'any other mixed'. These have not been re-assigned.

● = Proportionately higher than the general population
● = Proportionately lower than the general population

Ethnic/National Identity	Survey Population		Reading Population	
	No.	%	No.	%
White British	317	73	101725	65
Pakistani	23	5	6967	5
Indian	22	5	6514	4
Irish	11	3	2269	2
Arab	9	2	680	<1
Any other White background	6	1	12303	8
African	5	1	6087	4
Caribbean	5	1	3279	2
Any other Black/African/Caribbean	4	1	1104	<1
Any other mixed	7	2	1232	<1
Bangladeshi	3	1	695	<1
Chinese	2	<1	1603	1
Mixed White and Asian	2	<1	1428	1
Mixed White and Black African	2	<1	802	<1
Mixed White and Black Caribbean	2	<1	2718	2
Any other Asian background	5	1	5382	4
Gypsy or Irish Traveller	0	0	90	<1
Other Ethnic Group	8	2	820	<1

Fig 2

Due to the sample size of under 500 for the survey, the numbers are not sufficiently high to draw statistically significant conclusions from within specific ethnic groups. In several categories of question we tested how responses from any minority background compared against White British respondents and in all cases there was no significant difference. Therefore there is no comparative analysis by ethnicity in this report.

Who is experiencing loneliness in Reading?

Just over 10% of respondents experience loneliness most or all of the time. This figure reflects the national picture for over 65s, which is also 10%.¹² We used recommended question categories from The Campaign to End Loneliness *Loneliness Measurement Guide*.¹³ The very recent UK wide research by British Red Cross and Co-op¹⁴ have identified 18% of people as often or always lonely, however there are possibly two reasons for this. Their categorisations are different, with more options, and secondly they targeted their research towards people at specific life transition points (eg new parents, recently bereaved, divorced) so it is likely to be less representative of the population as a whole.

Our results are also not fully representative of the population of Reading. The high proportion of results from older people and from females means that comparisons between any particular group and the 'all respondents', do not allow us to compare that group with the general population.

We asked two questions which are related to social isolation and loneliness respectively.¹⁵

How many times in the past 2 weeks have you spent time with other people?
and

During the past week I have felt lonely:

- *most or all of the time (5-7 days)*
- *a moderate amount of the time (3-4 days)*
- *some of the time (1-2 days)*
- *rarely or never (less than one day)*

Loneliness is not solely about the number of social interactions one has, but about the quality of those interactions, whether the relationship is superficial or meaningful, and how one feels during the times you are not with people. Therefore the question of frequency of interactions is not insightful in its own right, but helps to paint a picture especially with those who report being lonely most of the time. It helps identify whether people are lonely and isolated or lonely due to other contributing factors.

¹² Victor, C. 'Loneliness in older age: the UK perspective' in Age UK Oxfordshire (2011) Safeguarding the Convoy: a call to action from the Campaign to End Loneliness

¹³ Measuring your impact on loneliness in later life. p20: Center for Epidemiologic Studies Depression Scale (CES-D)

<https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

¹⁴ Kantar Public, Trapped in a Bubble: An investigation into triggers for loneliness in the UK, December 2016, p18

¹⁵ See appendix (p31) for the full list of questions

Figure 3 shows that one quarter of all people feel lonely 3 or more days in the week and half of all respondents feel lonely at some point every week.

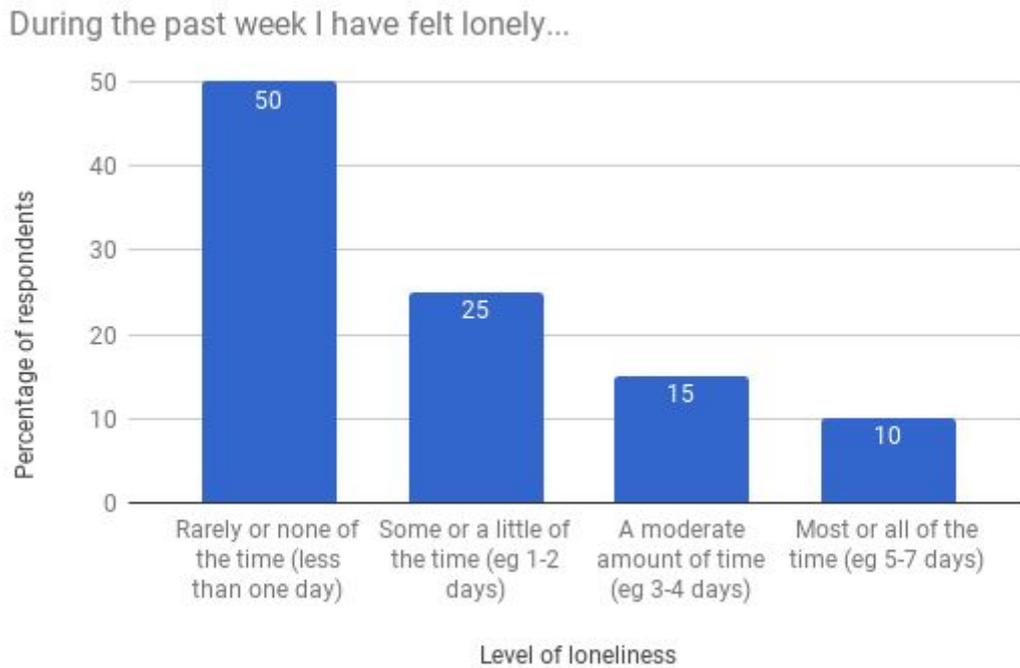


Fig 3

Loneliness by age

It is a common perception that older people are more likely to be lonely, but from the responses we received this does not appear to be the case.

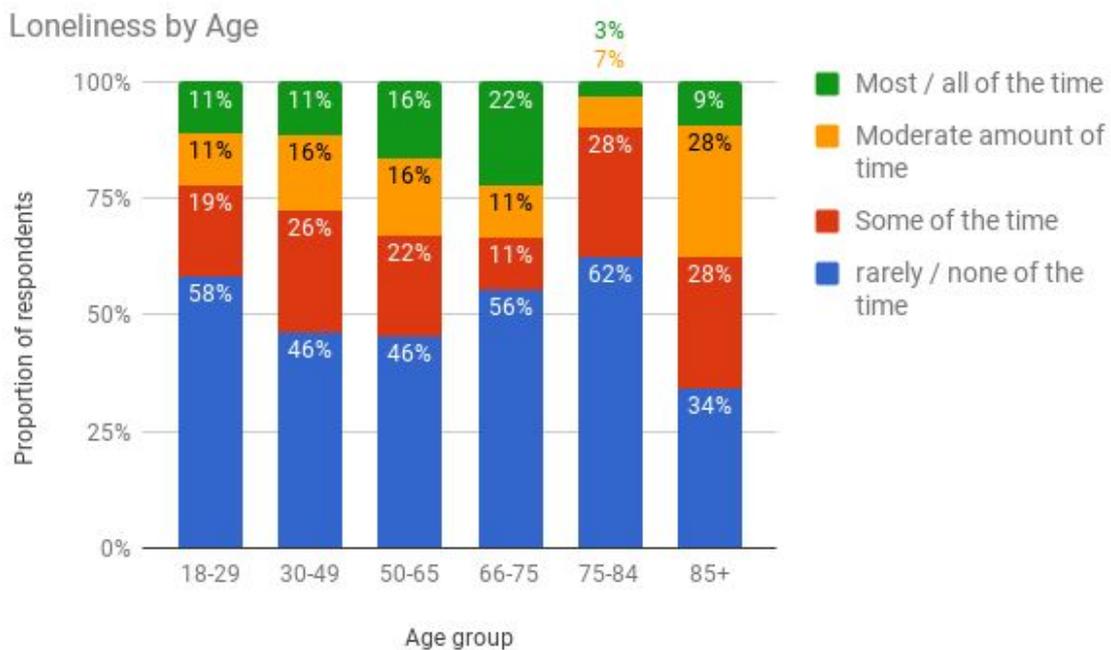


Fig 4

The depth of the green line represents the proportion of people by age group who feel lonely most or all of the time.

Those in early retirement appear to be the most *mostly or always* lonely, followed by those of working age from 50 years old upwards. When considering those who are *moderately to always lonely*, people aged 50-65 and 66-75 are similarly lonely (32% and 33% of people respectively). However, when considering people who are lonely at some point every week, those aged 85+ are considerably more affected than any other age group, with 66% of people lonely at least some of the time. In comparison, 44% of respondents aged 66-75 feel lonely at least some of the time.

The national research from British Red Cross also concluded that older people are not the most lonely group of people¹⁶, however, similar to the Reading survey, it is probable that the survey did not reach the most isolated people in the older age categories due to the methods of data collection. It is important not to underestimate the issue of loneliness among the older population in Reading. Around 10% of all over 65s are lonely¹⁷, and consequently, there are over 2000 lonely pensioners in Reading.¹⁸

Younger respondents who were not connected to services that promoted the survey, accessed it through online promotion and social media. In the older age groups, individuals who are not linked into existing support, visiting social groups or public spaces where the survey was available were less likely to have been reached. Therefore there is high likelihood that the most isolated older people were not reached by the survey and it cannot be assumed the issue is not more prevalent among older people.

The impact of social media on feelings of loneliness

Younger people may be more prone to feeling more left-out, and consequently more lonely, as a result of social media. An increasing body of research recognises the negative impact social media can have on young people's wellbeing. An article in the Guardian newspaper reports on a poll around the mental health impact of social media on 14 to 24 year olds (our study only examines ages 18+) reports,

“[Facebook, Snapchat, Twitter and Instagram] have a negative effect because they can exacerbate children's and young people's body image worries, and worsen bullying, sleep problems and feelings of anxiety, depression and loneliness, the participants said.”¹⁹

Social media, in particular Instagram and Snapchat enable young people to compare themselves with others in a way that less regular / non users of social media do not experience. This impacts on people's expectations of what they 'should' be doing and therefore may also impact on the results around loneliness in younger age categories.

¹⁶ Kantar Public, *Trapped in a Bubble: An investigation into triggers for loneliness in the UK*, December 2016

¹⁷ Victor, C, *Loneliness in older age: the UK perspective* in Age UK Oxfordshire (2011) *Safeguarding the Convoy: a call to action from the Campaign to End Loneliness*

¹⁸ 2011 Census – Population and Household Estimates for England and Wales, March 2011 from Campaign to End Loneliness Constituency Campaign Pack

¹⁹ Campbell, D, *Facebook and Twitter 'harm young people's mental health'*, The Guardian, May 2017, <https://www.theguardian.com/society/2017/may/19/popular-social-media-sites-harm-young-peoples-mental-health>

Loneliness by length of time living in Reading

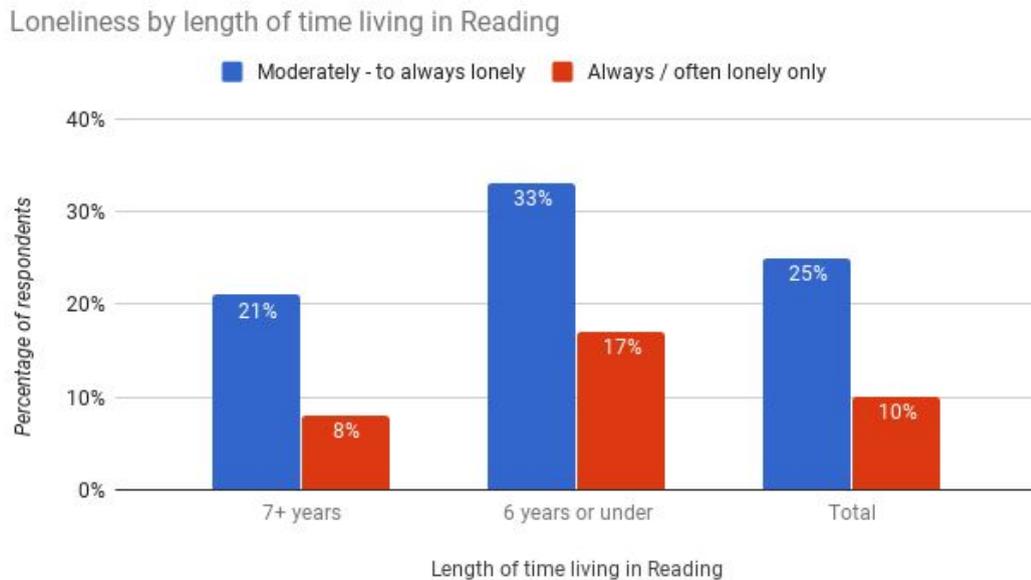


Fig 5

One of the factors protecting older people from loneliness may be their length of residence in Reading.

Figure 5 shows that more than double the number of people who have been in Reading less than 6 years feel mostly / always lonely (17%) compared to those who have lived in Reading more than 6 years (8%). How short a time under 6 years does not seem to be significant within the sample size of respondents.

Loneliness and lack of social contact

Figure 6 displays frequency of social contact by age. This information helps us understand in which cases social contact correlates to loneliness.

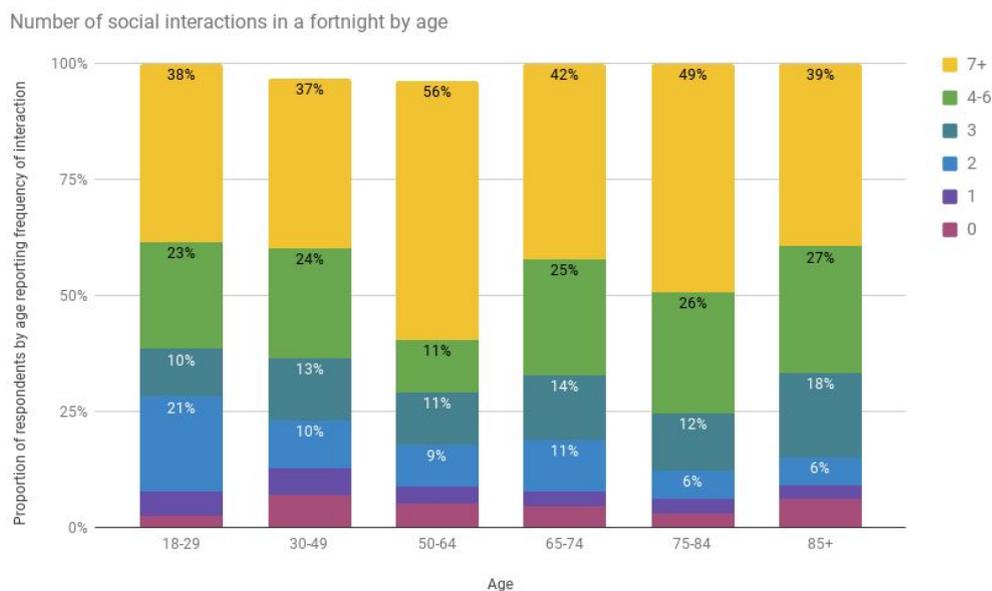


Fig 6

There are no strong trends by age and frequency of social interaction. The clearest trend can be seen among respondents who have very few social interactions (0-2 social interactions in the past fortnight). In the 18-29 age group, 29% of respondents report having very few social interactions. 12% of respondents in the 75-84 years age group report the same frequency of social interactions.

We also asked respondents where they met people. (see appendix, Q9) Responses were free text, but later categorised into 'intentional' and 'incidental'. Incidental meetings included answers such as medical appointments, shop staff, CAB appointments and school drop-off. Intentional meetings were those where the social interaction was planned. In the age groups 18-49, 28% of respondents included incidental meetings. In the 75+ age groups, 36% of respondents included incidental meetings.

Loneliness cannot simply be attributed to regularity of social contact, however the results show it is a contributing factor. This is clearest when respondents are split into those who have seen people fewer than 4 times in the last fortnight and those who have seen people 4 or more times in the last fortnight (furthest right). Twice as many people who see others less often are moderately to always lonely compared to those who see people more often.

Regularity of social interaction by people who are moderately to always lonely

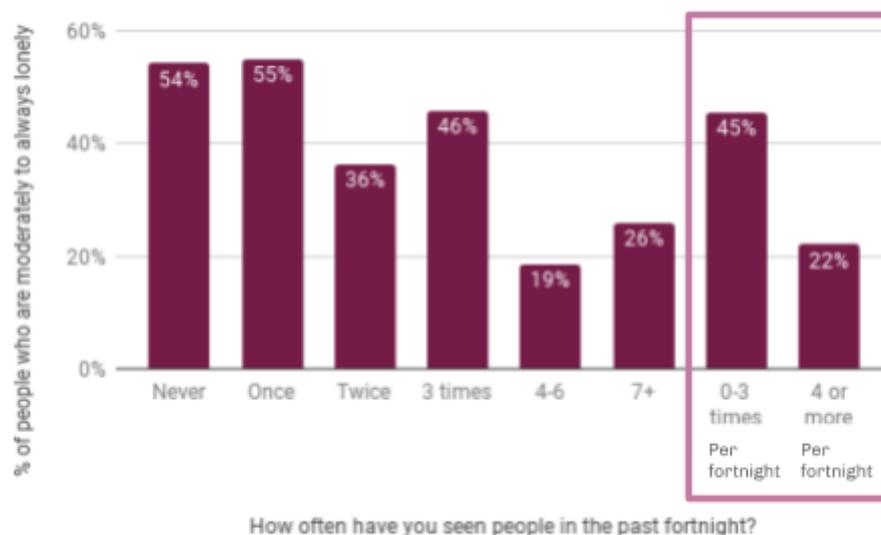


Fig 7

Lack of social contact also correlates to length of time living in Reading.

Respondents with low levels of social interaction (0-2 times per fortnight) by length of time living in Reading.

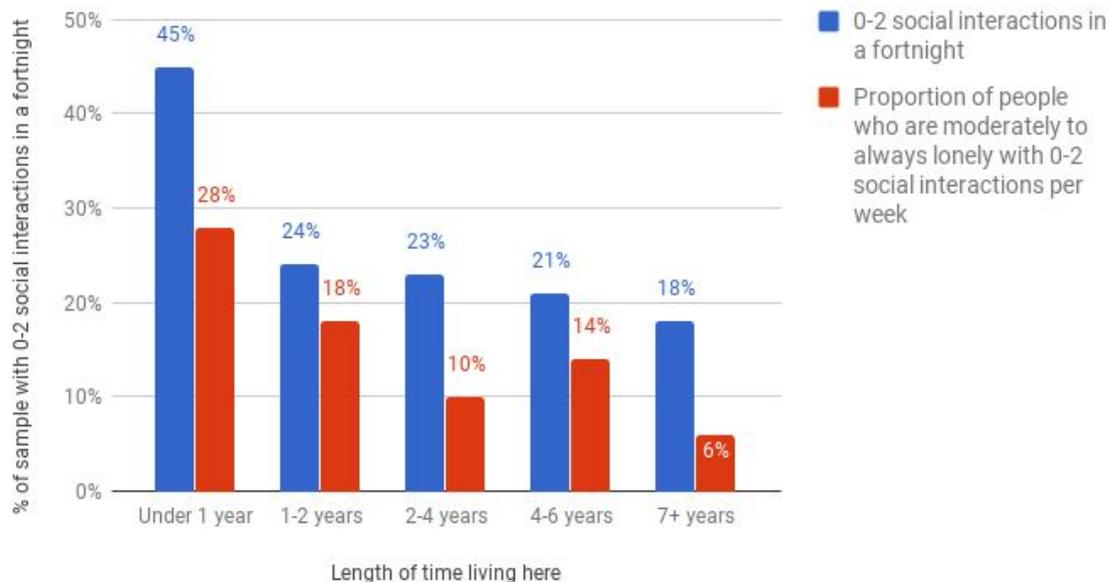


Fig 8

Figure 8 displays the proportion of people who have had fewest interactions in the past fortnight. (0-2 interactions). The red columns show those who have 0-2 interactions and identify as moderately to always lonely. Many services around loneliness in Reading focus on older people yet the majority of newcomers to Reading, who face high levels of loneliness, are people of working age. It is evident from the chart above that people tend to build a social circle fairly quickly as levels of social interaction increase considerably after the first year. However from the data on the previous page, this does not necessarily impact on loneliness until someone has lived here for a longer time period.

Evidence shows that a lack of sense of belonging correlates to a sense of loneliness.²⁰ These charts imply that although an increase in social interaction takes place after a short time living in Reading, the reduction in loneliness, and consequently, a sense of belonging, may take longer to develop. This is also reflected in many comments from survey respondents.

Having friends does not necessarily stop people feeling lonely. Loneliness is about belonging, disconnection, and not feeling supported.

(50-64 year old, female, moderately lonely despite having fairly busy social life)

²⁰ Watt, Susan, Badger, Alison, *Effects of Social Belonging on Homesickness: An Application of the Belongingness Hypothesis*, 22/01/2009

Barriers people face being more socially active

The survey asked people what is stopping them being more socially active. (See appendix Q12) The three most common barriers are confidence, knowledge of what is going on, and transport. Figure 9 focuses only on those respondents who have stated they are lonely at some point every week (not including the answer “rarely to never lonely”).

Main barriers to social activity faced by people who are lonely at some point every week

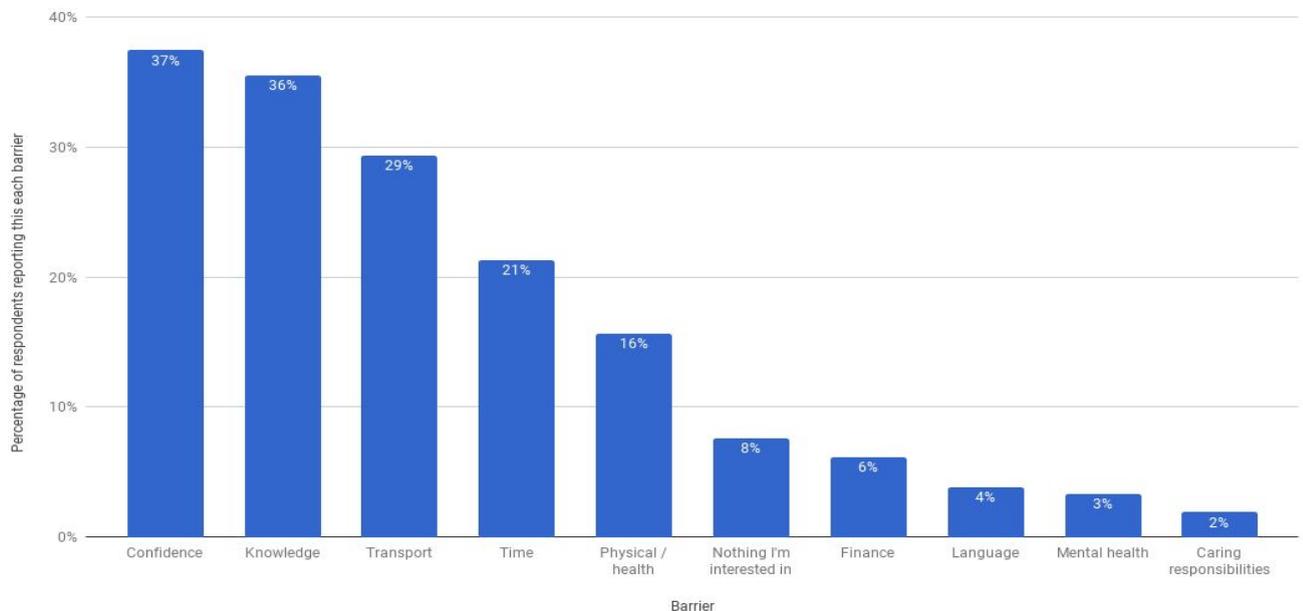


Fig 9

These three key barriers span all ages yet some are more prevalent among different age groups or life circumstances. It is worth looking in more detail at who is affected by these three barriers.²¹

Confidence as a barrier to reducing loneliness

Figure 9 shows that 37% of people who are lonely at some point every week feel confidence is a barrier to being more socially active. This increases to 49% of those who are lonely at least 3 days per week (moderately to always lonely).

²¹ It is important to note, that *finances*, *mental health* and *caring responsibilities* were free text answers and may have received higher responses rates if they had been check-box options.

Figure 10 shows that people of working age generally report confidence as more of an issue than those of retirement age.

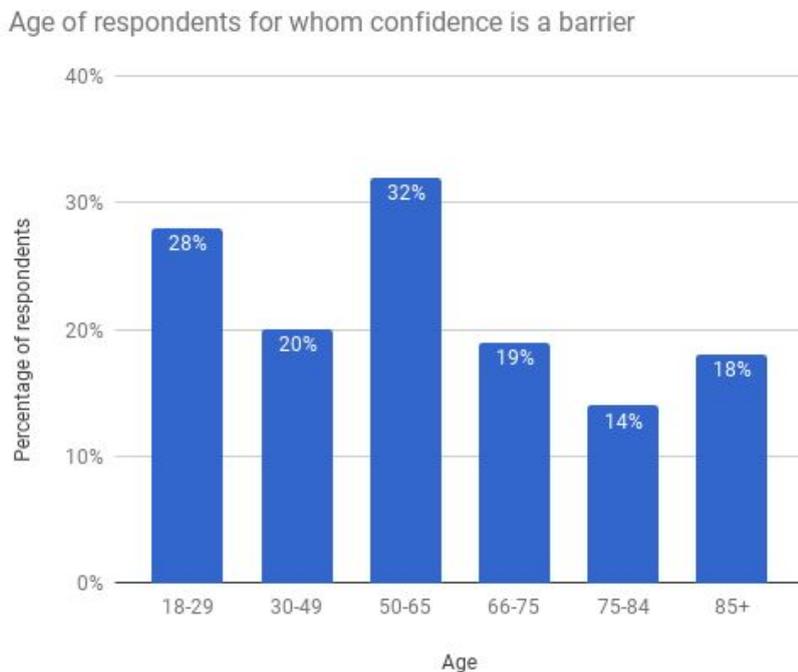


Fig 10

It is interesting to note the spike in issues of confidence for the 50-65 age group and that results of the survey also show one of the highest levels of loneliness for this age group. Many in this group may be 'empty nesters' whose children are leaving home for the first time. 'Empty nesters' are a target group within the Kantar Public 'Trapped in a Bubble' report into loneliness²². This could be a factor for the higher levels of loneliness and reduced confidence in this age group. This is also the age group that reports the highest number of social interactions in the past fortnight, but also the most intensely lonely age group (reporting 'mostly to always lonely').

The results for the 50-64 age group were checked against other risk factors for loneliness. This was to identify whether the spike in confidence issues and loneliness for this age range was due to other identifiable factors. It was found that there were no unusually high response rates from people in this age group in any of the following categories; unemployed, divorced, widowed, in unstable / temporary accommodation, carers, physical disability / health issues.

²² Kantar Public, *Trapped in a Bubble: An investigation into triggers for loneliness in the UK*, December 2016, p13

Lack of knowledge as a barrier to social activity

Lack of knowledge as a barrier to being more socially active versus age

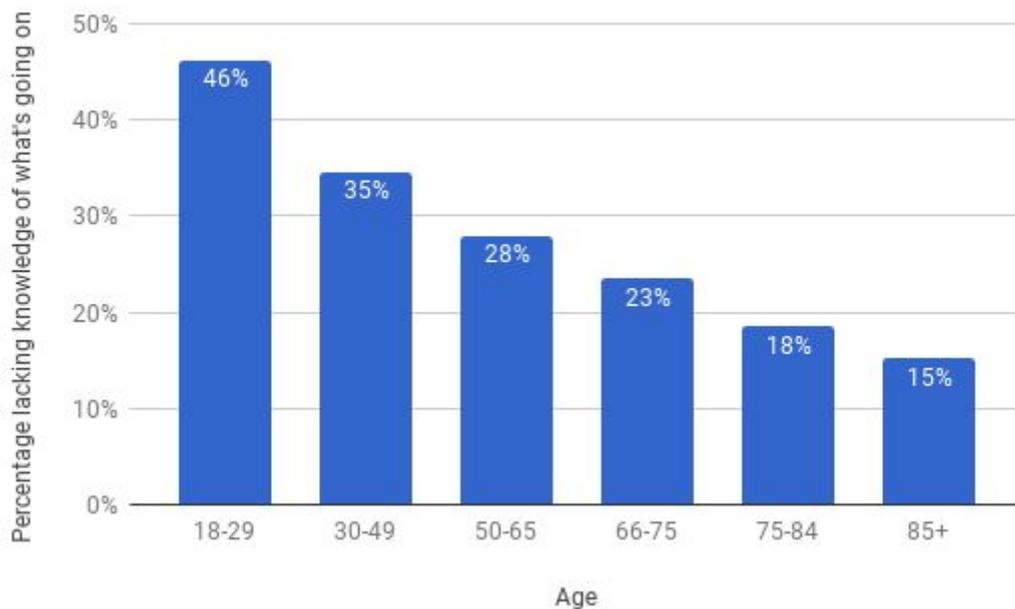


Fig 11

Lack of knowledge as a barrier to being more socially active vs Length of time in Reading

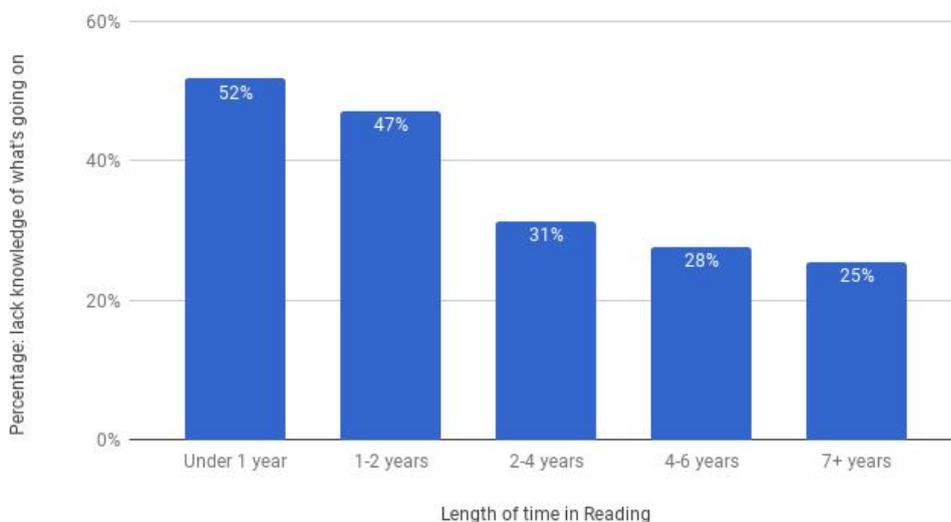


Fig 12

It is often thought that access to the internet helps to overcome significant barriers to knowing what is happening. Figure 11 suggests that the age groups most likely to make use of technology for their information are also the most likely to report lack of knowledge about what is available as a barrier to reducing loneliness. Figure 12, showing knowledge as an issue and length of time living in Reading, also shows the same trajectory. As younger age groups are also more likely to have lived in Reading for less time, it may be that length of time in Reading is the contributing factor rather than age.

Length of time living in Reading by age

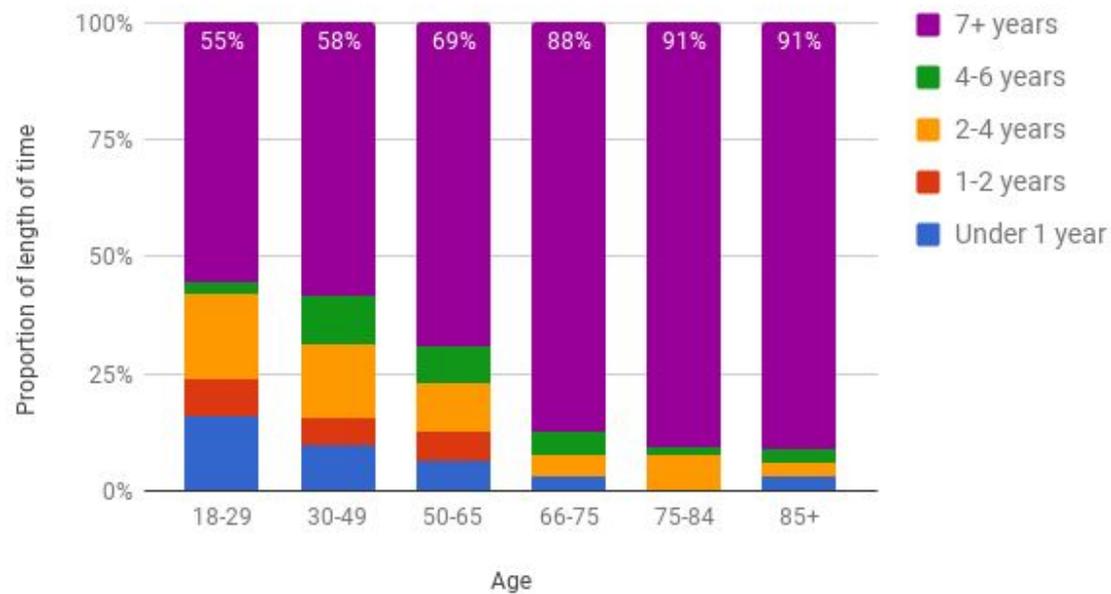


Fig 13

It is clear that length of time living in Reading is a key contributing factor to knowing what is going on and building social networks through those activities. The chart above highlights that a higher proportion of older adults have lived in the same place for a much longer period of time. This may be a contributing factor to why loneliness seems to affect a higher proportion of younger respondents highlighting lack of knowledge as a contributing factor.

As mentioned above, social media may play a role in these results; younger people, who are more regular users of social media, see what other people are doing and feel left out or feel they do not know what is going on because they are so much more aware of what other people are doing.

Transport as a barrier to being more socially active

Transport as a barrier is a very broad category and so we asked people to specify in what way transport affected their ability to be more socially active.

Range of Transport issues

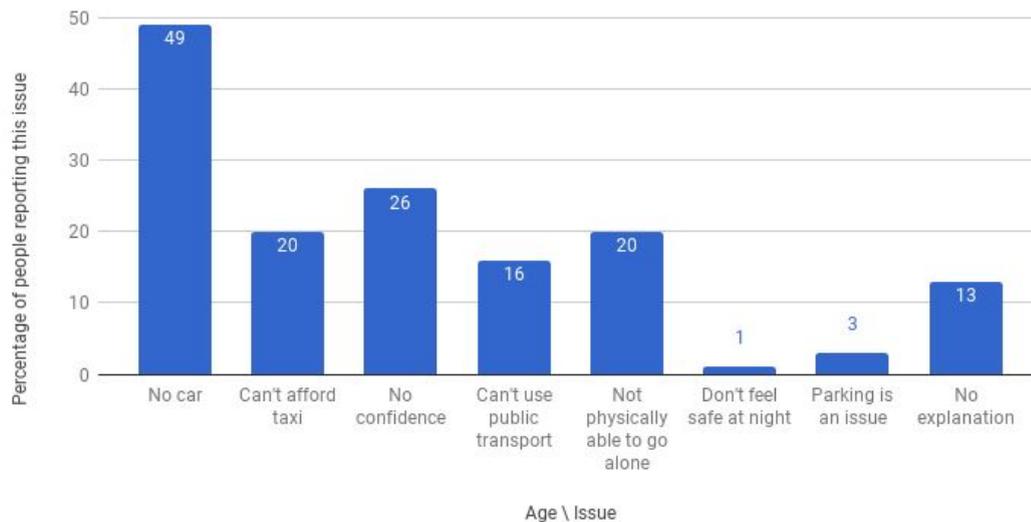


Fig 14

It can be assumed that the majority of respondents reporting transport as an issue have no car, although only 49% of this group reported having no car. 26% of people cited no confidence in relation to transport, therefore not necessarily as a practical barrier, but that being accompanied would make it easier to use transport. Mobility and physical difficulties in using transport, and financial constraints were an issue for 20% of respondents who responded to this question. 16% of those with transport difficulties feel unable to use public transport at all (either from a physical difficulty or confidence issue).

Figure 15 highlights certain groups who are more affected by transport issues than the general population. These groups represent people who may be less likely to have others in their household who drive if they don't (living alone, unstable accommodation), those who may have financial difficulties (in unstable accommodation, unemployed, full time parents) and those who may be less physically able or no longer be able to drive (85+).

Groups of respondents facing transport difficulties

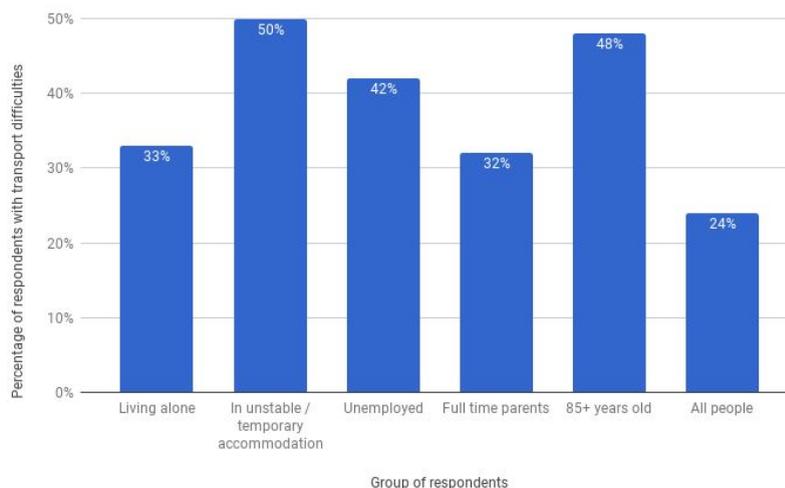


Fig 15

Language skills and loneliness

16 respondents reported language skills as a barrier to being more socially active. Although the sample size is fairly small, some results are worth noting. Only one respondent had lived in the area for 7 or more years, so most are relative newcomers to Reading.

Loneliness for those who face a language barrier vs all respondents

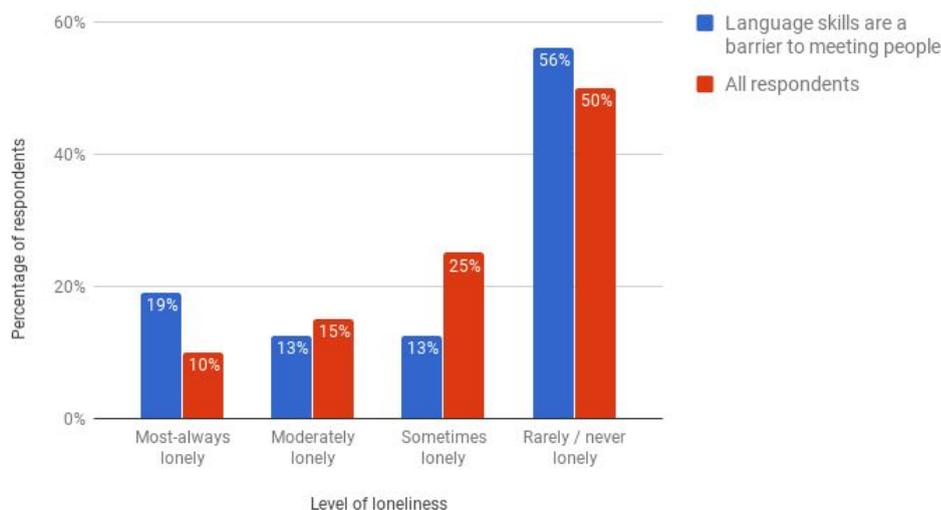


Fig 16

Almost double the proportion of people, for whom English was a barrier, reported feeling lonely most/all of the time compared to all respondents. However this is similar to that of all respondents who have lived in Reading for under 6 years (17%). The more noteworthy response within this group is that 100% of respondents (just 16 respondents) reported wanting more social contacts or friends.

Wish to increase social interaction by people who face a language barrier

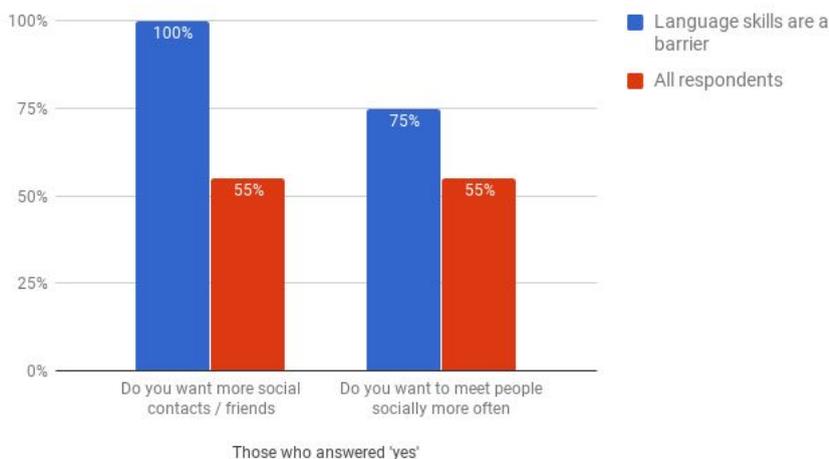


Fig 17

Similarly, 75% of these respondents want more regular social meetings. Although this group of people are not reporting as significantly more lonely than other groups, they are keen to widen their social network. This also reflects the observations of local organisation Reading Community Learning Centre²³ (RCLC). Staff have recognised a need for their learners to have opportunities to meet people outside of their families and RCLC itself.

²³ Reading Community Learning Centre reaches out and empowers isolated and vulnerable BAME women, whose first language is not English, to grow their skills, confidence and independence through learning, support and friendship across cultures. <http://www.rclc.btck.co.uk/>

Specific groups and the barriers they may face

Parents

This section focuses on parents living with children at home. 94 respondents (22%) reported living with children at home. For the purpose of this report, *'full time parents'* are those who have full time caring responsibility for their children. The term *'all parents'* also includes those who have other employment as well as child-caring responsibilities.

The results in figure 18 split *all parents* from *full time parents* as some of the issues differ. There are 19 'full time' parents (4% of respondents). Although parents cover a wide demographic, have lived in Reading for varying amounts of time and have varying life circumstances, there are some trends that affect parents differently to all respondents.

Main barriers for parents to being more socially active

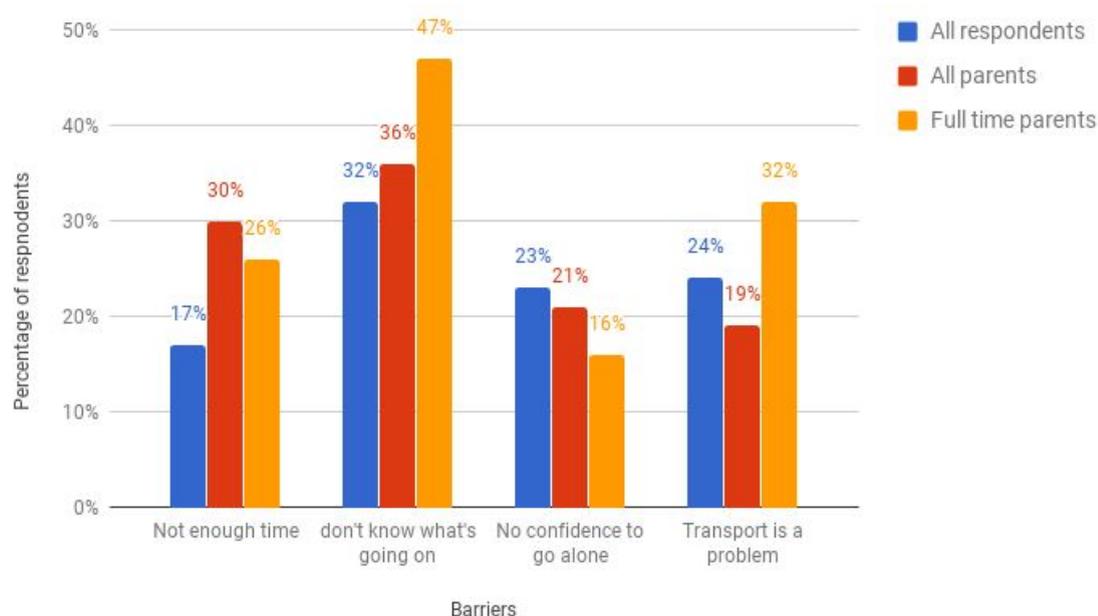


Fig 18

Figure 18 highlights the different issues parents face compared to all respondents. Lack of time is the biggest difference between all respondents and all parents. Full time parents are less likely to feel they know what is happening and more likely to find transport a problem. This is likely to indicate that the full time parents with transport problems have no/limited access to a car. Confidence is less of an issue among parents than the general population.

Loneliness in parenthood is an oft-discussed issue in both the media and in academic research.²⁴ This can be compounded by additional issues such as financial constraints, mental health difficulties or being new to the area as this parent describes:

[I'm] in a relationship where I do not have financial independence. I haven't spoken to anyone except my children and partner [in the past fortnight.]

(Parent who has had no social interaction in the past fortnight, mostly / always lonely)

²⁴ Woman's Hour, Radio 4, <http://www.bbc.co.uk/programmes/p021ngb7>, 25/6/2014

People with physical disabilities, health issues and mobility impairments

Thirty seven respondents (8.5%) reported that a physical disability or health issue impacted on their ability to be more active socially. The questionnaire did not ask specifically whether respondents had a disability, so this may not reflect all respondents with a disability, only those for whom physical ability or health impacted on their social opportunities. (Identified from Q12, see annex.)

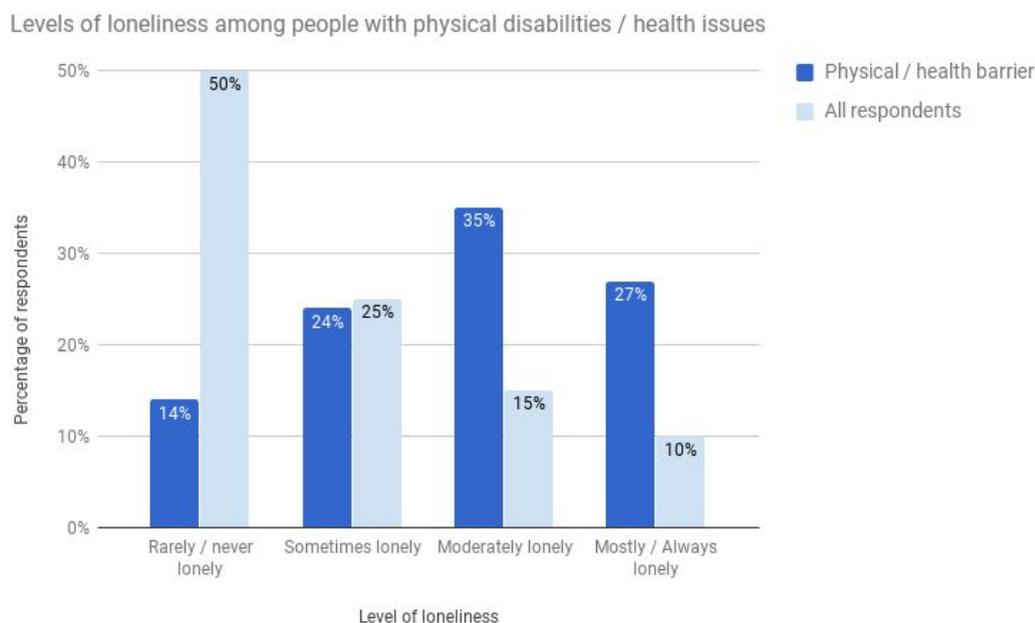


Fig 19

There is a stark contrast between all respondents and those who face physical or health barriers to being more socially active as figure 19 shows.

Frequency of social encounters cannot be used as a direct indicator of loneliness, yet the information helps us to understand why people are lonely. 38% of respondents in this group met people 7 or more times in the past fortnight, whereas 43% of all respondents reported having met people 7 or more times in the past fortnight. It would seem that respondents with physical and health difficulties are only slightly less socially active than all respondents. The significant difference however, is that 57% of respondents with a physical / health issue included incidental or practical encounters (eg on the bus, carers, GP surgery, visit to CAB) as opposed to just 13% of all respondents.

Where people have included additional information, it becomes apparent that very often, respondents face multiple challenges to being more socially active, especially where health and mobility are one aspect as shown below.

"I am fighting so many internal barriers to leading a fulfilling social life. Having the additional barrier of lack of access just makes it so much harder on those days when I do feel like I could talk to people and mix in and break down some walls."

(Female, 30-49, lonely most/all of the time, living with parents, disability, anxiety, lacks confidence, unable to use public transport, doesn't know where to go for support)

Loss of a partner (divorce / separation and widowed)

Analysis of people who have lost a partner through divorce / separation and being widowed have been combined as neither group is sufficiently large to conduct thorough analysis and the groups face some shared issues. 3.4% of respondents (15 people) identified as divorced or widowed.

40% of respondents in this category (6 people) are moderately to always lonely, compared with 32% of all respondents. The main barriers for these people are time, transport and confidence. Time differs from the majority of respondents as a key barrier, which is understandable for people who are now managing a household on their own, when they formerly did so alongside a spouse.

Mental ill-health

3.6% (16 people) identified mental ill-health as an issue. This was not a direct question. As the information was volunteered, it may not be representative of all respondents for whom mental health affected feelings of loneliness.

Eight people in this group (50%) are mostly or always lonely and fourteen people (88%) are lonely at some point every week. This is as opposed to 10% and 50% of all respondents respectively. The questionnaire does not identify cause or effect between mental illness and loneliness, but it does seem to demonstrate there is a correlation between the two.

“Drinking causes problems, anxiety, mental health, ADHD, aspergers, panic, no money, lateness, homeless, no phone”

(Male, newcomer to Reading 30-49 years, in temporary / unstable accommodation, mostly / always lonely)

Similarly to the respondent above, over half reported multiple issues (such as physical health, finances or caring responsibilities) as additional barriers to being more socially active and eleven people (69%) identified a lack of confidence as an issue.

Unemployment

Figure 20 shows unemployment has an effect, but does not overwhelmingly impact on levels of loneliness among survey respondents. 24 people in the sample are unemployed.

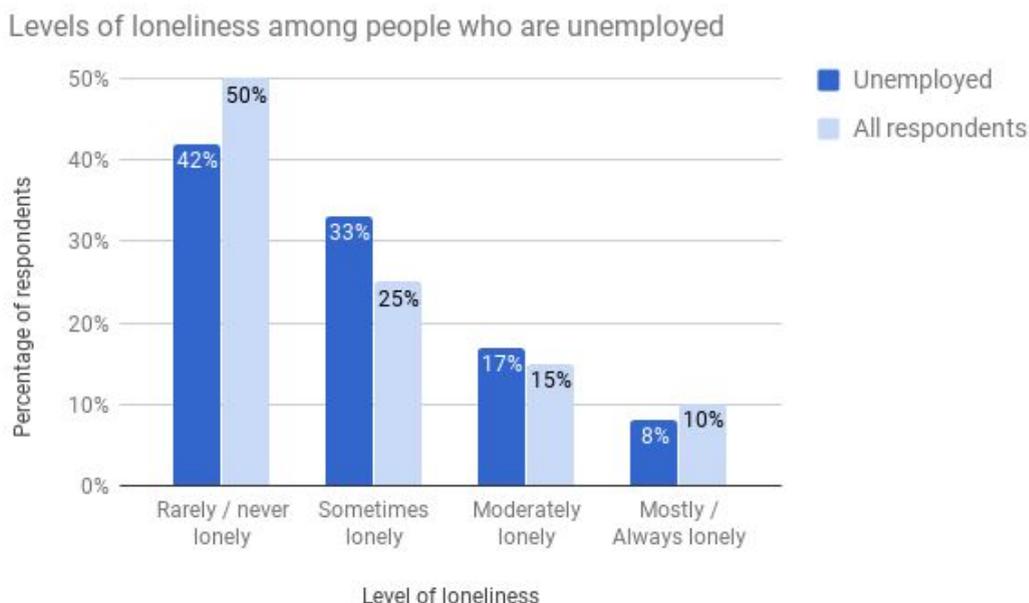


Fig 20

Levels of loneliness at some point every week (sometimes to always lonely) are slightly higher among people who are unemployed (58% as opposed to 50% of all respondents). However the main difference is in the 'sometimes lonely' category, with no difference when measuring moderately to always lonely together.

A more significant difference is identified in the questions that focus on a wish for more social interaction and more social contacts. 20 people (83%) responded either 'yes' or 'maybe' to wanting more regular social interactions and 22 people (92%) responded 'yes' or 'maybe' to wanting more social contacts / friends. This is in contrast with 58% and 68% respectively of all respondents.

One unemployed respondent expressed how important it was that community venues existed as a social meeting space.

"Reading is extremely lucky that it has places to meet which are [...] welcoming and not purely commercial enterprises eg Global Café, [Rising Sun Arts Centre] and facilities to enable voluntary [...] groups to easily meet[...]. Without these, I personally would be seriously lonely."
(Unemployed male, long term resident, aged 50-64)

Reading benefits from many community and social meeting spaces, both commercial and not for profit. The respondent above has found a network of people and places to socialise with financial constraints. However many people seem to struggle to find out where they can meet others, especially if they are new to the town.

What social activity respondents would like

The chart below highlights the types of activities that people would most like to attend if they were able to overcome the barriers they face. The lighter blue reflects all respondents, whereas the darker blue colour represents respondents who are moderately to always lonely and lack confidence. While the trends are similar, certain activities are more popular among people who are lonely and lack confidence, namely small group activities, one-to-one activities, walking groups, meeting neighbours and volunteering.

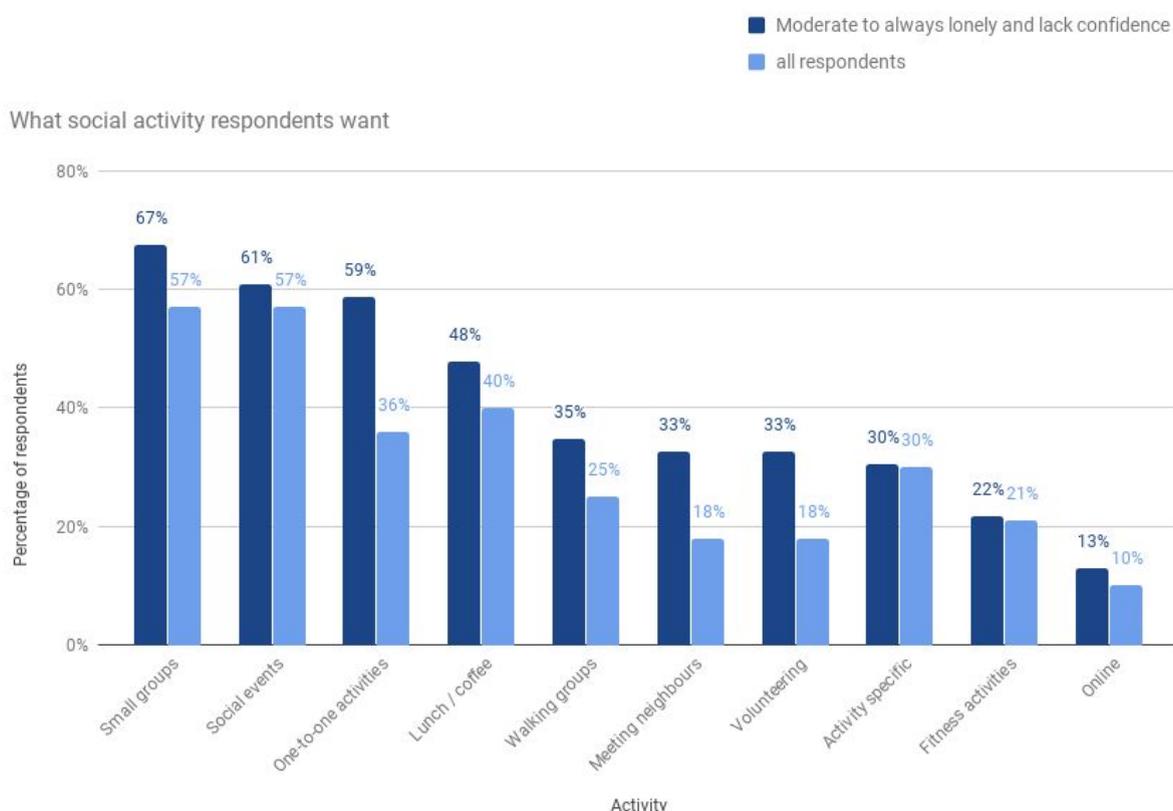


Fig 21

For people who are moderately to always lonely and lacking in confidence, the most striking difference between their responses and those of all respondents is in meeting neighbours and volunteering. For example, they identify volunteering 15% more than all respondents to reduce loneliness.

“There are too many conditions to be accepted for a volunteering job. [People] involved with volunteering seem not very accepting of the new volunteers.”
(Newcomer to Reading, 55-64 years, mostly or always lonely)

Many people come into contact with Reading Voluntary Action to get support to find volunteering opportunities in order to meet people, but many people face barriers even once they have. One third of those who are lonely and lack confidence see volunteering as a means to reducing loneliness. Therefore it is important to ensure that support is available to those wishing to volunteer but lacking the confidence to do so.

Meeting neighbours²⁵

A sense of community can develop around a culture, a shared hobby or cause, or shared life situation, but often is thought of as the neighbourhood in which one lives.

"I suffer from depression and often feel sense of loneliness even when around others. I often have concerns that some of my elderly neighbours [...] are lonely but worry that if I try [to] befriend them it may come across as patronising or that [...] I'm trying to taking advantage of them."

(30-49 year old, long term resident)

Many approaches already exist that encourage people to be more neighbourly. Street parties, Play Streets²⁶, social gatherings through residents' associations, neighbourhood newsletters and social media tools to bring together neighbourhoods all exist in Reading which contribute to bringing groups of neighbours together.

The role of a strong social network in the neighbourhood where one lives cannot be underestimated as is clear in this example:

"I'm quite happy as I have a large close family, two great friends and good neighbours"

(75-84 year old woman in RG2, long term resident, living alone, rarely/never lonely)

Meeting in small groups, social events and one-to-one

These categories have a higher response rate as they are more general than some of the more specific options. It is worth noting the significant increase in the desire for small group and one-to-one social interaction for people who lack confidence and are lonely, a 23% more than for all respondents. A high number of comments reflected on why this is important.

I am able to meet people: at work, at events and in groups I volunteer with. But I find it very difficult to make friends, or connect further with people in Reading. Although I'm not physically alone, it feels very isolating to not be close or comfortable with people. I found this easier in my previous city [...] to find activities and groups that [didn't revolve] around drinking/working.

(Female, living alone, 30-49, relatively new to Reading)

Similar to this female resident, three other females of working age commented on having wide social circle or active social life, but not necessarily feeling close to people, and that it was hard to make those more meaningful connections.

²⁵ *Meeting neighbours* was added as an option to the survey after the first 100 responses were in. Therefore the proportion of respondents who were able to and selected this response is 23% rather than 18% as noted in the chart above. Correspondingly, those who were lonely, lacking confidence, and wishing to meet neighbours, would be 42%.

²⁶ Play Streets give children the chance to play safely in their street without danger from traffic. www.reading.gov.uk/playstreets

Further research opportunities

Although the questionnaire reached people from a range of minority backgrounds, the numbers were not statistically significant to draw any conclusions about any specific ethnic group. The 18-29 age group was also underrepresented. Both of these groups could be followed up with more targeted research.

Despite the low numbers, we did look at results specific to people who are divorced or widowed, parents, unemployed, suffer from mental ill-health and in temporary/unstable accommodation. We chose to look at these in more detail as they are known risk factors for loneliness. However the numbers in these groups were too low to be fully representative.

The questionnaire did not specifically ask about mental health, physical health or disability, except in relation to transport being a barrier to getting out. Therefore the numbers we know of are those who mentioned physical disability or health in relation to transport issues, or mentioned either physical or mental health in additional comments boxes. It is possible that the number of respondents with these specific issues may be higher than the number of responses that mention it, as the question was not directly asked.

We asked for the first half of respondents' postcodes, but did not provide any comparative analysis on geography as it was decided that this level of information (eg RG2, RG30) was not geographically specific enough to draw any conclusions about where people lived. This result however, did show us that results were gathered from all areas of Reading.

The research has provided information on who is lonely, what barriers they may face to being more socially active and what they would like to do. Further research through focus groups would be useful to understand what can be done about these problems and what would help people to overcome barriers they face.

It is evident from the questionnaire, that a large number of people who are very lonely face multiple barriers to being more socially active. These multiple barriers may be a mixture of practical, financial, physical and mental health issues. Complex combinations of issues cannot be solved through one intervention or organisation working in isolation, but require an holistic and collaborative approach across sectors and organisations to ensure individuals needs and concerns are addressed in order to have a significant impact on reducing isolation and loneliness.

Appendix

Social Activity Questionnaire

Q1) My age is

18-29 30-49 50-64 65-74 75-84 85+ Prefer not to say

Q2) Where do you live?

RG1 RG2 RG30 RG31 RG4 RG5 RG6 Other _____

Q3) How long have you lived here?

Less than 1 year 1-2 years 2-4 years 5-7 years 7+ years

Q4) My gender is

Female Male Trans _____ (other) Prefer not to say

Q5) I identify as

- | | |
|---|--|
| 1. English / Welsh / Scottish / N Irish / British | 10. Pakistani |
| 2. Irish | 11. Bangladeshi |
| 3. Gypsy or Irish Traveller | 12. Chinese |
| 4. Any other White background (add in other) | 13. Other Asian background (add in other) |
| 5. White and Black Caribbean | 14. African |
| 6. White and Black African | 15. Caribbean |
| 7. White and Asian | 16. Other Black/African/Caribbean (add in other) |
| 8. Other Mixed ethnic background (add in other) | 17. Arab |
| 9. Indian | 18. Other _____ |
| | 19. Prefer not to say |

Q6) Please tell us a little about your home circumstances

- | | |
|--|--|
| <input type="checkbox"/> Living alone | <input type="checkbox"/> A carer (for friend or relative) |
| <input type="checkbox"/> Living in a house share | <input type="checkbox"/> New to Reading |
| <input type="checkbox"/> Living with partner | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Living with children | <input type="checkbox"/> In temporary / unstable accommodation |
| <input type="checkbox"/> Recently divorced / separated | <input type="checkbox"/> Full time parent |
| <input type="checkbox"/> Recently widowed | <input type="checkbox"/> Other _____ |

Q7) How many times in the past 2 weeks have you met with people?

0 1 2 3 4-6 7+ times

Q8) Would you like this to increase? Yes No

Q9) Where have you met people in the past two weeks?

Q10) During the past week, have you felt lonely:

- Rarely or none of the time (less than one day)
- Some or a little of the time (eg 1-2 days)
- A moderate amount of time (eg 3-4 days)
- Most or all of the time (eg 5-7 days)

Q11) Do you want to increase your social contacts / make more friends?

- Yes
- No
- Not sure

Q12) How would you most like to meet more people? (tick as many as are relevant)

- Meeting people one-to-one
- Opportunity to meet people in small groups (3-6 people)
- Social events (lunch clubs, day centres, Meetup groups)
- Activity specific If so, what type of activity? _____
- Over lunch or coffee
- Sports / fitness activities
- Walking groups
- Other _____
- Volunteering
- Online (Facebook, Skype / social media)
- Opportunities to meet neighbours

Q12) What is stopping you access these activities already?

- I don't know what / where / when things are happening
- There is nothing that I'm interested in
- I don't feel confident going on my own
- Language skills
- I'm not physically able / I don't feel well enough to access activities
- Activities don't happen at times that suit me
- Transport is a problem
 - No public transport
 - I don't have a car
 - I can't use public transport
 - I can't afford a taxi
 - I'm not confident using transport on my own
- Other _____

Q13) Is there anything else you would like to add?

Report written by
Rachel Goater
Development officer, Reading Voluntary Action

Published July 2017

0118 937 2054
rachel.goater@rva.org.uk

www.rva.org.uk

