

# Listening to you: the baseline report from the Campaign to End Loneliness



Campaign to  
**EndLoneliness**  
CONNECTIONS IN OLDER AGE

 charities  
evaluation  
services

**Listening to you:**  
**the baseline report from the**  
**Campaign to End Loneliness**

The Campaign to End Loneliness thanks the Calouste Gulbenkian Foundation for its generous support of its work and evaluation.

All material may be used with reference to the Campaign to End Loneliness and website [www.campaigntoendloneliness.org.uk](http://www.campaigntoendloneliness.org.uk)

The Campaign to End Loneliness is a coalition of organisations working together through research, policy, campaigning and innovation to inspire individuals to keep connected in older age. We were launched in February 2011 by four founding partners Age UK Oxfordshire, Counsel and Care, Independent Age and WRVS and are funded by the Calouste Gulbenkian Foundation.

This report was written for the Campaign to End Loneliness by Sally Cupitt, Senior Consultant at Charities Evaluation Services (CES). CES is a UK charity which provides training, technical support and consultancy services to the voluntary and community sector on evaluation and quality. CES trains over 1,000 voluntary sector groups a year, supports the development of evaluation practices through publications and technical support, and carries out external evaluations. Phone 020 7713 5722 or email [enquiries@ces-vol.org.uk](mailto:enquiries@ces-vol.org.uk)

Charities Evaluation Services has been asked by the Calouste Gulbenkian Foundation to evaluate the first 18 months of the Campaign from October 2010 to March 2012.



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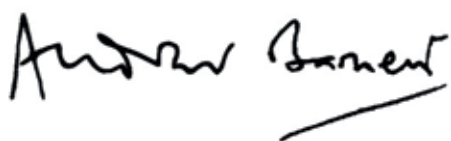
## PREFACE

With the arrival of the 7 billionth person to our small planet only a few weeks ago, you might be forgiven for querying how it's possible to be lonely. Our burgeoning numbers and rising older populations portray a world of opportunities to connect with others. The speed with which we can make and sustain friendships across the globe has been revolutionised by new forms of social media. Yet as a growing evidence base shows, including this enlightening new research, loneliness persists and is a nuanced, complex affair.

One may have a large number of personal connections and yet be terribly lonely, or live in relative solitude and not feel lonely at all. Bustling cities with their promise of a vibrant social life can nonetheless create a particularly acute sense of isolation, and with more of our older populations living in such settings, urban isolation is a significant concern. Rural isolation offers its own problems too - scarce transport, poor internet connection and distance from loved ones are not uncommon - and loneliness is felt particularly by some groups.

Our ageing society and what it promises has been a particular area of interest to the Calouste Gulbenkian Foundation since 2008. Our concern for enabling individuals to fulfil their potential by building connections and opportunities with others led us to consider the particularly pernicious problem of loneliness in older age, and from 2010 we have acted as Founder Funder to the Campaign to End Loneliness. It is our belief that such a complex and deep-rooted issue requires concerted and collaborative action; the Campaign boasts a broad support-base of expert partner organisations and is informed by robust research - such as the current survey results and the work of the Research Hub. This affords the Campaign solid evidence which recognises that older people are not a homogenous group and have many different desires and needs – so targeted interventions are key. Some will require a high level of support to stave off the damaging effects of loneliness, while others - such as one respondent quoted on page 15 – will need specific assistance to remove barriers that prevent them from helping themselves and others to tackle feelings of loneliness.

What is clear from the survey is that much remains to be done. Many respondents believe loneliness to be an important social issue (42% rated it as “very important”) and over half worried about becoming lonely in the future, though few knew where they would go to find help if they did feel lonely (42% did not know of any organisations or services). Many admitted to needing extra support themselves, including a staggering 19% who are in need of extra physical care. However, a third of respondents (35%) said they would like to do more to help others tackle loneliness, including a high number of individuals who despite contending with their own physical and mental health constraints expressed a sincere desire to do more. Much can be achieved by inviting individuals to help while ensuring unnecessary obstacles aren't getting in the way of them contributing. The Campaign will be working to incorporate the insights of the respondents of the survey into their actions, drawing on the valuable gifts and ideas of individuals across the UK, creating a less lonely Britain for everyone in later life. This report is an important milestone for the Campaign in seeking to raise awareness of, and find solutions to, loneliness and to help us all to connect better in our bigger and yet more complex world.



**Andrew Barnett, Director, Calouste Gulbenkian Foundation UK**

## FOREWORD

Of course there is a difference between being alone, and being lonely. Some people choose to be solitary rather than share their lives with anyone else. But not many. For the rest of us loneliness is imposed upon us. It means longing to have company so that we can endure the tough times, and enjoy the good times together. What is the point of watching a wonderful sunset unless you can share it, or feeling that first spring sunshine on your face, or being moved by a book or infuriated by a television programme, alone? Turning instinctively to share the moment and finding no-one there, or opening your front door at the end of the day to darkness, silence and emptiness – that to me is loneliness as I experience it.

Admitting I am lonely was a big step for me. I am perceived as being unbelievably lucky, because I have a fascinating career, three loving children, and best of all, good health. So some people, (some of them close friends) told me briskly that I should never have talked about it, I should have too much pride to admit it, Come on Girl, pull yourself together, stop being so self-indulgent and self-pitying. A wonderful 81 year old friend sent me an action list. Cook for the freezer. Give talks. Get a rescue dog. But I have done all that, (except the dog), and the feeling persists.

But along with the small number of irritable responses, I received an avalanche of letters agreeing with me. They arrived in every post, illuminating, thoughtful, echoing and adding to my own experience. From them I learned that there are circumstances which make the pain of loneliness more intense and destructive; bereavement, the cruel end of a strong relationship of love and friendship; disability, sentencing sufferers to long days of solitary confinement, “I get so tired of these four walls”; poverty, which cuts out choice. And of course pride. Pride that says “my family is too busy with their own lives, I don’t want to bother them.” Pride that creates a taboo which I had unwittingly broken.

Dozens of the letters praised my “honesty”, and “bravery”, because there is a stigma attached to loneliness. The implication is that you are unpopular, a social failure, you are “sad”. You are suffering from a metaphysical halitosis, so nobody wants to get close to you. It’s like, someone said, the empty restaurant nobody wants to visit. And because there is a stigma attached to admitting you are lonely, pride builds walls around you which you dare not, or cannot climb over to join the world outside.

But there is a world, a warm world outside. Nothing will bring my husband back. I know that. But now I also know that there is a network of those who understand and share my feelings, and that, in its way, alleviates the pain. And there were wonderful new ideas contained in many of the letters I’ve been sent; networks of volunteers, friendship groups, and much praise for existing organisations like the churches, the W.I., and the Townswomen’s Guilds.

We live in an age when the collapse of the extended family and the shattering of communities, together with the brave new idea of “independent living” has created an epidemic of loneliness. But like all epidemics, if we admit the problem and diagnose the causes, together we can find an effective treatment. And this report is a crucial step towards that diagnosis, it takes us an important first step towards discovering the symptoms and the causes of loneliness, and finding, let’s hope, effective cures.

*Esther Rantzen*

Esther Rantzen CBE

**“I want to visit family members more often but ... the cost of petrol is too high and the cost of a train ticket is out of the question – I would have to win the lottery.”**

## **Introduction** – *Laura Ferguson, Director, Campaign to End Loneliness*

There are various triggers for loneliness including inaccessible public transport. But there are also voluminous and exciting solutions, as our growing supporters network shows: people and organisations are working to combat this huge problem across the country.

However, since our launch in February 2011, it has become clear that there is a growing need to address this issue on two new fronts: the policy and the personal. Throughout 2011 we have seen parts of the policy agenda wake up to the issue of loneliness through the work of many including the Centre for Social Justice, the Age Action Alliance, Joseph Rowntree Foundation, the Social Care Institute for Excellence, the Institute of Public Policy Research and the Royal Society of Arts. All of this work is in addition to decades of research plus many practical ways of combating loneliness being tried and tested across the UK and further afield.

On a personal level too, loneliness is something that we can all do something about, to alleviate our own or other people’s loneliness. So many people still need help and are out of reach of services, statutory bodies and even friends and neighbours.

To get to the heart of this personal approach to loneliness in Spring 2011 we asked more than 1,500 adults over the age of 40 – the majority over 65 – about their views on loneliness and what they were doing to prevent or alleviate it. We would like to thank the people who took time to share their thoughts and experiences with us. This report gives voice to some of the people who we are here to work with.

We are using these results in two ways: the following recommendations from this report will be instrumental in shaping our main projects, delivered with the Campaign’s partner organisations from 2012.

First we have the need to target: Working with local groups and people, we will target the local health and wellbeing agenda to raise awareness of the health impacts of loneliness while balancing this message with local solutions to alleviate and prevent loneliness.

Secondly, we must improve communications and services: Sharing local solutions will not only help funders and the providers of ideas and solutions, but people too. People should be given a real choice by knowing what is available to them locally so they know how to help themselves or friends who they know are lonely or at risk of loneliness.

We will also use some of the findings to measure our success in future. Our ambition for tackling loneliness is set out in our launch publication, *Safeguarding the Convoy*, written by one of our founder partners, Age UK Oxfordshire. By asking some of these survey questions again in a few years, we will be able to see what effect our work has on older people of the UK.

# Understanding the findings

## 1.1. About the respondents

In total 1542 respondents completed some or all of the survey; an additional six people under 40 completed the survey but this data was excluded. 77% (1194) responses were completed on a hard copy, and the remaining 23% (348) were completed online. There was an online completion rate of about 91%.

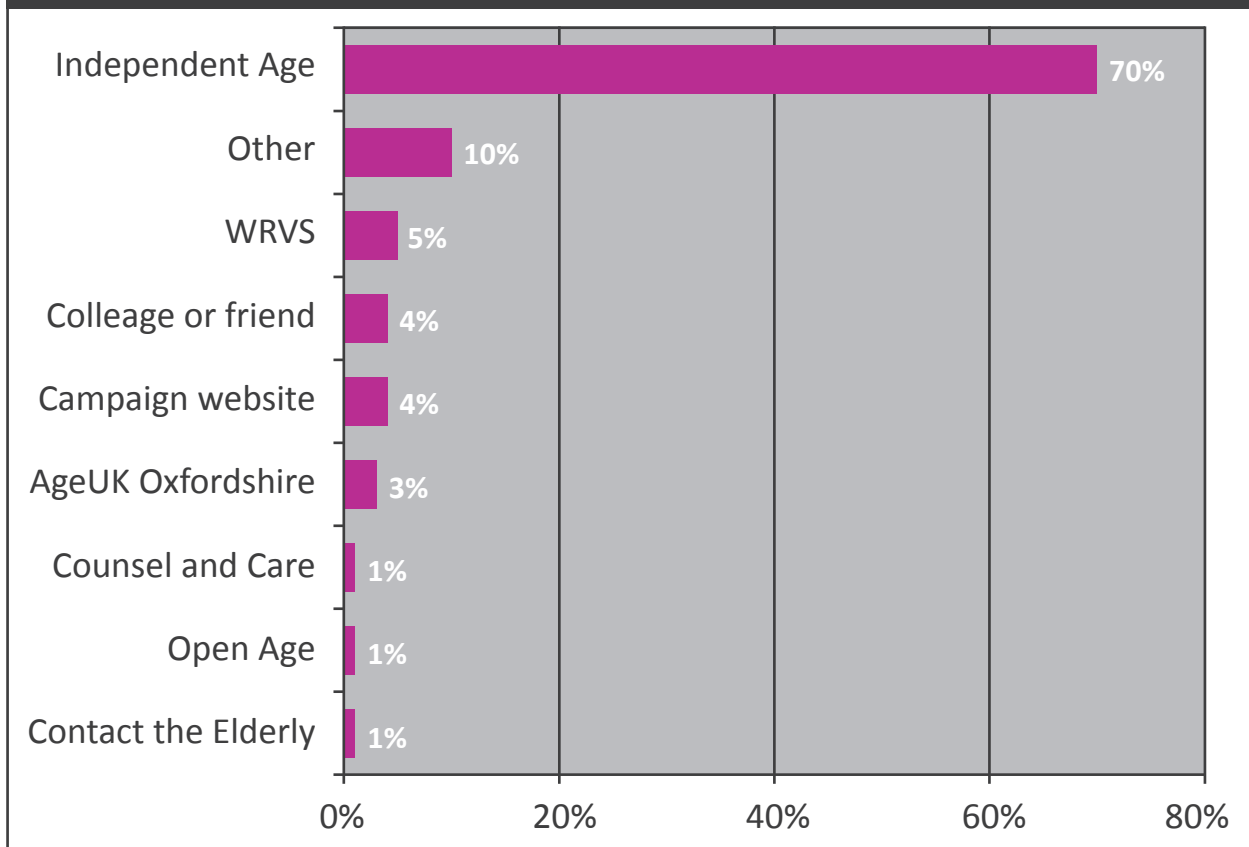
To keep the survey short, we asked only a small number of questions about the respondents.

### Where respondents heard about the survey

Just over two-thirds of respondents had heard about this survey via Independent Age (70%, 1035, n=1481), the majority of whom (95%, 980) filled the survey out on hard copy. Of the other responses:

- 9% came from other Campaign partners (127)
- 4% came through the Campaign website (59)
- 4% were forwarded by a friend or colleague (54)
- 1% each were from Open Age (21) or Contact the Elderly (19).

**Chart 4: Where respondents heard about the survey (n=1481)**





### About Independent Age

- Given the heavy bias of the sample towards Independent Age members, it is useful to know a little more about them.

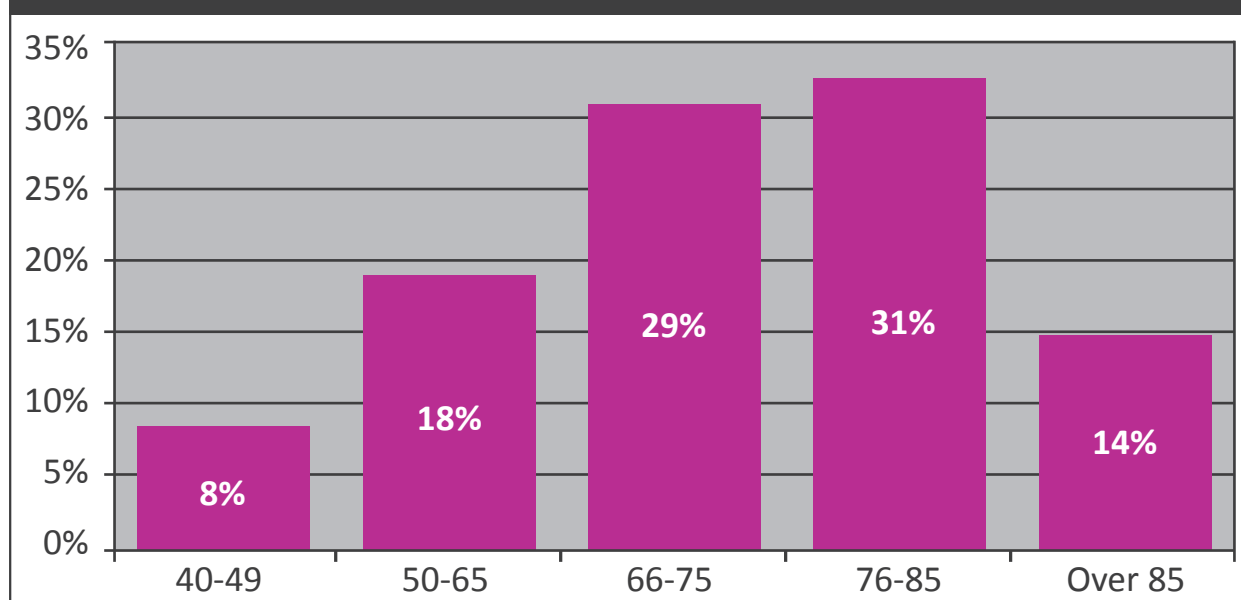
Independent Age is a charity that provides lifelong support to older people on very low incomes. They provide information and advice, practical help and emergency financial aid through a network of staff and dedicated volunteers across the UK and the Republic of Ireland. Their membership comprises largely of people aged over 70. 65% of their members live alone, 32% live with someone else, and 75% of the members are female to 25% male.

Independent Age distributed the survey to 3,431 of their members. They did not send it to all their members due to other surveys and forms that had been distributed to certain sections of their membership around the same time.

### Gender, disability and age

- Respondents were three-quarters female: 77% of the respondents were female (1144, n=1488) and 23% (344) were male.
- Two-fifths of respondents were disabled (39%, 585, n=1486). 58% (860) do not consider themselves to be disabled, while a further 3% (41) preferred not to say.
- Almost three quarters of the respondents were over 65 (74%, 1118, n=1507). The distribution of age groups that completed the survey is shown in chart 5 below.

**Chart 5: Respondents' age groups (n=1507)**



### Respondents' location

Almost a third of respondents were from South East England (31%, 461). The South West was also very strongly represented (19%, 289). The breakdown of individuals from other regions is as follows:

**Table 6: Region/country (n=1497)**

South East England	31% (461)	Wales	4% (57)
South West England	19% (289)	Scotland	1% (21)
North East England	7% (112)	Ireland	0% (5)
Yorkshire & Humberside	7% (106)	Northern Ireland	0% (1)
North West England	7% (103)	Other	1% (10)
Greater London	7% (103)		
West Midlands	7% (101)		
Eastern England	6% (86)		
East Midlands	3% (42)		

### Access to the Internet

Access to the Internet may help people stay connected to others; it was also important for this evaluation to access people in a range of ways, including people who cannot access the Internet.

Respondents were not asked directly about access to the Internet, but we can look at whether they gave email contact details, as a proxy. As one might expect, there was an age effect here. Of the 1211 that gave both their age and contact details, 81% of those aged 65 and under gave email addresses (227, n=279), compared with only 26% of those aged over 65 (244, n=932). Therefore up to 74% of the respondents aged over 65 did not have email accounts or access to the Internet.

This is fairly similar to the UK population as a whole. A 2010 report by the Office for National Statistics<sup>1</sup> outlines the UK's Internet use; 60% of those aged 65 and over had never used the Internet.

### Employment status

The majority of the respondents were retired (multiple answers possible):

- 80% were retired (1198, n=1491)
- 15% were employed full or part-time (including self-employed and those semi-retired but working part-time) (225)
- 3% were unemployed (41)
- 1% described themselves as disabled or long-term sick (17)
- 1% were volunteers (9)
- 0.5% were in education or training (7).

1 <http://www.statistics.gov.uk/pdfdir/iahi0810.pdf>

About a fifth had also completed the survey to organisations that work with older people (17%, 50, n=301). The remaining 83% had not completed it at the point of completing this survey (251).

## 1.2. Understanding the results

This is a complex survey, and before seeing the results we need to understand a few things about the findings.

### About the data

This survey received an exceptionally high number of hard copy responses (1194). It was not possible within the resources available to this evaluation to input all the data from the hard copy forms. A decision was therefore made to focus on inputting all the quantitative data, and to omit the qualitative responses.

The analysis of qualitative data in this report therefore refers just to the 348 online responses. However, a sample of the qualitative responses on hard copies was reviewed to ensure the hard copy qualitative responses were not entirely omitted. We found that the hard copy forms generally contained little qualitative responses, and what was there gave similar views to those expressed online.

### Use of statistics

Where we use the letter 'n' in presenting the statistics, this refers to the number of people who responded to that particular question in the survey. Percentages are therefore calculated using this figure, not the total number of people who filled out all or some of the surveys.

Where numbers are small, and in particular with some of the qualitative data, we do not always present percentages and/or numbers, as this may lead to inappropriate generalisation. For this reason, the absolute numbers for responses are also always given, alongside the percentages.

### What we know about the sample

Most of our respondents have come via six organisations (80%), and of these the majority<sup>2</sup> are likely to be members or service users of those organisations. By definition, those contacted via an organisation have some social connectedness – they may be less lonely. On the other hand, they may be connected to an organisation because they have higher needs. The membership of Independent Age includes a disproportionate number of people on low incomes, and as low income may exacerbate isolation, they may have a higher vulnerability to loneliness.

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<sup>2</sup> We do not know how many used services, but we do know that some were employees of those services

## **Baseline data**

Unfortunately, the evaluation started after the Campaign was launched, by which time some Campaign information had already been disseminated. Almost 20% of respondents said they had heard of the Campaign before getting the survey (18%, 266, n=1506). More respondents aged 65 and under had heard of the Campaign than those over 65 (26% versus 15%), and more people who gave email addresses<sup>3</sup> said they had heard of the Campaign.

The knowledge, and possibly even behaviour, of the respondents may therefore already have been affected by the Campaign – while the data is still useful, it cannot be an absolute baseline.

## **Differences between the groups**

We have tested the results of this survey for statistical significance using the chi-squared test, comparing the results for different groups of people. We have included those results that are significant, useful and relatively unambiguous. We have excluded some where samples are too small (eg comparing results by ethnicity).

Where differences between groups are referred to in the text, they are all significant (meaning there is a low probability of random variation being the cause of the difference), unless stated otherwise. All results have a probability of random variation of less than 2.5%; the majority are less than 0.5%. It is worth remembering that correlation is not the same as causation. For example, just because religious people were much more likely to think you can protect against future loneliness (see chapter 17.3), we don't know whether that is because of their religious beliefs or some other unrelated factor.

Where no differences are mentioned in the text between the groups, this means no significant difference was found.

## **Can we generalise from this data?**

The strength of the generalisation depends on how representative the respondents are of the groups to which we are trying to generalise. It is not possible, within the limits of this evaluation, to be able to say how representative they are. However, some tentative statements can be made.

Some bias is introduced to the sample because respondents were self-selecting. Despite this, and given the sample size, we can be fairly sure that the findings generalise well to the wider Independent Age population. They will generalise less well to the membership of the other organisations, as the numbers were so small.

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<sup>3</sup> We are using this as a proxy for access to the Internet

The results of this survey were not intended to be generalisable to the wider population – this would have required a larger, randomised sample. The limits of the evaluation meant we had to opt for a convenience sample – accessing people over 40 via the networks of the management group. For this reason, generalising to the wider population must be done with extreme care. It cannot be known the extent to which these people are representative.

The dangers of generalising are highlighted if we compare the respondents to the wider population on a number of variables. We compared the 1542 respondents to the 2001 census. We found the respondents were:

- Disproportionately female (76% of the over 65s, compared with 57% in the census).
- More white (96% compared with 92%<sup>4</sup> in the census).
- Disproportionately based in SE and SW England (31% in SE compared with 14% in the census, 19% in the SW, compared with 8% in the census), with London underrepresented (7%, compared to 12% in the census).

Our respondents also reported higher levels of disability (39%) than is found in the general population, according to the census (18%). This is likely to be at least in part due to the fact that the majority of our respondents are over 65 and disability is more common in older people.<sup>5</sup>

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4 It is worth noting that the census data is now 10 years old, and ethnic diversity is increasing in the UK, see table 2:  
[http://www.statistics.gov.uk/articles/nojournal/NSA\\_article.pdf](http://www.statistics.gov.uk/articles/nojournal/NSA_article.pdf)

5 <http://odi.dwp.gov.uk/inclusive-communications/your-audience/facts-and-figures.php>

# The baseline report for the Campaign to End Loneliness

## 2. Views on loneliness

### 2.1. Loneliness in people over 65

Our respondents thought that loneliness in older people was much more prevalent than it is. Research over the last few decades has consistently shown that around 10% of older people feel always or very lonely.<sup>6</sup> However, 61% of our survey respondents thought that 50% or more of older people felt very lonely. There was a small but significant difference with age; people aged 65 and under thought loneliness was more prevalent than people aged over 65.

**Table 7: Percentage of people over 65 feel very lonely, according to survey respondents**

**n=1503**

5% .....	1% (12)
10% .....	3% (45)
20% .....	17% (257)
50% .....	39% (586)
75% .....	22% (324)
I don't know .....	19% (279)

### 2.2. Loneliness and health

Most respondents already knew about the link between loneliness and health. 90% of the respondents thought loneliness is fairly or very damaging to a person's health, with over 50% answering that they believe loneliness is 'very damaging'.

<sup>6</sup> <http://www.campaigntoendloneliness.org.uk/loneliness-research.php>

Although respondents did think loneliness was a health issue, it was seen as less of a risk than most of the other issues listed. Overall, respondents ranked smoking as the most damaging health issue, followed by being overweight, drinking alcohol, loneliness and lack of regular exercise, in that order. Women rated all five health issues as more damaging than men did.

**Table 8: How damaging the following are for someone’s long-term health, according to survey respondents**

	<i>Not at all damaging</i>	<i>Not very damaging</i>	<i>Fairly damaging</i>	<i>Very damaging</i>	<i>I don’t know</i>	<i>n</i>
Smoking	1% (14)	1% (14)	8% (126)	<b>89%</b> <b>(1336)</b>	1% (13)	1503
Being overweight	1% (10)	1% (21)	29% (435)	68% <b>(1010)</b>	1% (13)	1489
Lack of regular exercise	1% (9)	5% (73)	49% <b>(725)</b>	44% (640)	2% (25)	1472
Loneliness	1% (13)	4% (60)	37% (536)	53% <b>(772)</b>	6% (89)	1470
Drinking alcohol	1% (17)	8% (118)	31% (462)	58% <b>(853)</b>	2% (23)	1473

In 2010, YouGov carried out a survey for one of the Campaign’s partners, Independent Age. It asked a similar question about the impact of these factors on health. The pattern of responses is fairly similar, except that most YouGov respondents rated both loneliness and lack of exercise as ‘fairly’ rather than ‘very’ damaging. The YouGov survey respondents were younger, approximately half men and women and had a more even regional spread.

## Case example: Health and loneliness

Betty<sup>7</sup> lives in a rural part of the North East and is between 50-65 years old. She has a degenerative condition that has left her disabled and in a wheelchair. The onset of her disability was difficult for her to come to terms with, and she became housebound for a period which led her to feel very lonely. She had many carers come to visit, but found this experience hard:

*It was very difficult as the people coming in to help me (carers) were strangers and changed on a daily basis but wandered in and out of my home leaving me with feeling of insecurity and helplessness. The service agencies were more interested in how much money they could extract from me and for how long - it was very traumatising.*

This was exacerbated by the area in which she lives: 'I live in a rural location and there are no adapted buses to take my wheelchair. I used to like reading but now the mobile library has now been cancelled.' She also found that 'some friends disappear when you become disabled and society treats you differently.'

Fortunately, she now has an adapted vehicle enabling her to get out and about on her own, for which she is very thankful. She says: 'I feel liberated - free again and a part of society again. It's so hard being isolated at home in a rural environment.'

Despite Betty's own struggles, she would like to do more for the older people around her who also need extra support, but as her disability will only get worse, she says:

*I'd like to be there more for them but my own physical health prevents me doing this – leaving them and myself lonely... All I can do is offer friendship and share the advice on who they can go to for help and support.*

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<sup>7</sup> All names changed

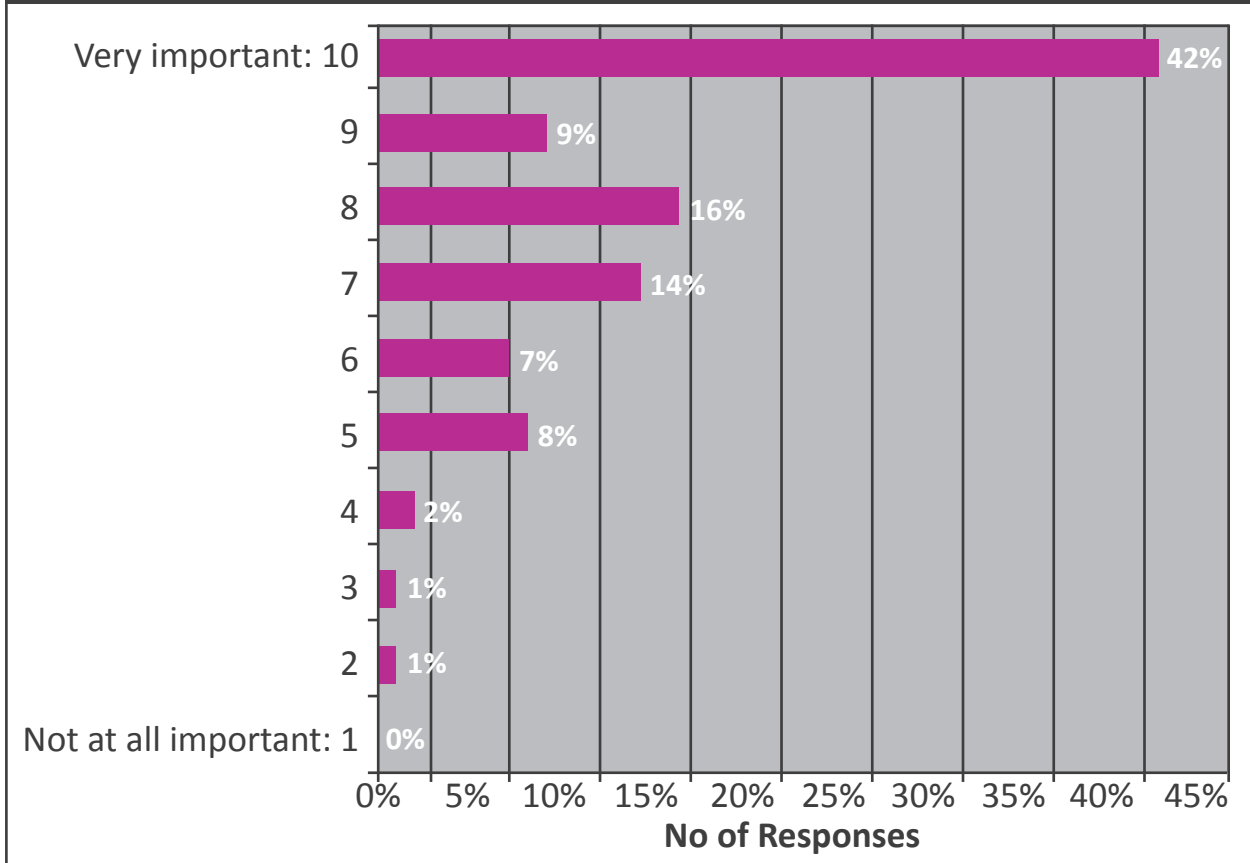
### 2.3. Loneliness as a social issue

Many respondents felt that loneliness was an important social issue. Using a scale of 1 to 10, with 1 being not at all important and 10 being very important, we asked respondents to tell us how important they think loneliness is as a social issue: 42% rated loneliness as a 10 (628, n=1503), and in total just over 80% rated loneliness as a seven or higher (81%, 1213).

As respondents' age went up, their perception of the importance of loneliness went down: people aged over 65 felt loneliness to be less of a problem than people aged 65 or younger. Women rated loneliness as slightly more important than men did.



**Chart 6: Importance of loneliness as a social issue**



### 2.4. The effect of the Campaign

We compared those who had heard of the Campaign before getting the survey with those who had not. Those who had heard of it prior:

- rated loneliness as more important than those who had not.
- rated loneliness as more damaging
- thought that older people were lonelier.

We cannot know the extent to which these effects are due to the Campaign.

## 3. Contact with family, friends and neighbours

### 3.1. Their contact with friends and family over 65

Over 90% of the respondents had friends and family over the age of 65 (93%, 1405, n=1516). This section, 16.1, refers to this group.

#### Keeping in touch

Respondents reported keeping in touch with friends and family over 65 frequently. Most kept in touch with older friends and family on either a daily or weekly basis (76%, 1063, n=1393). Just over 10% reported keeping touch on a monthly basis (11%, 148), 13% (175) reported keeping in touch a few times a year and seven respondents said that they never kept in touch with older friends and family. Women kept in touch slightly more frequently with older friends and family than men.

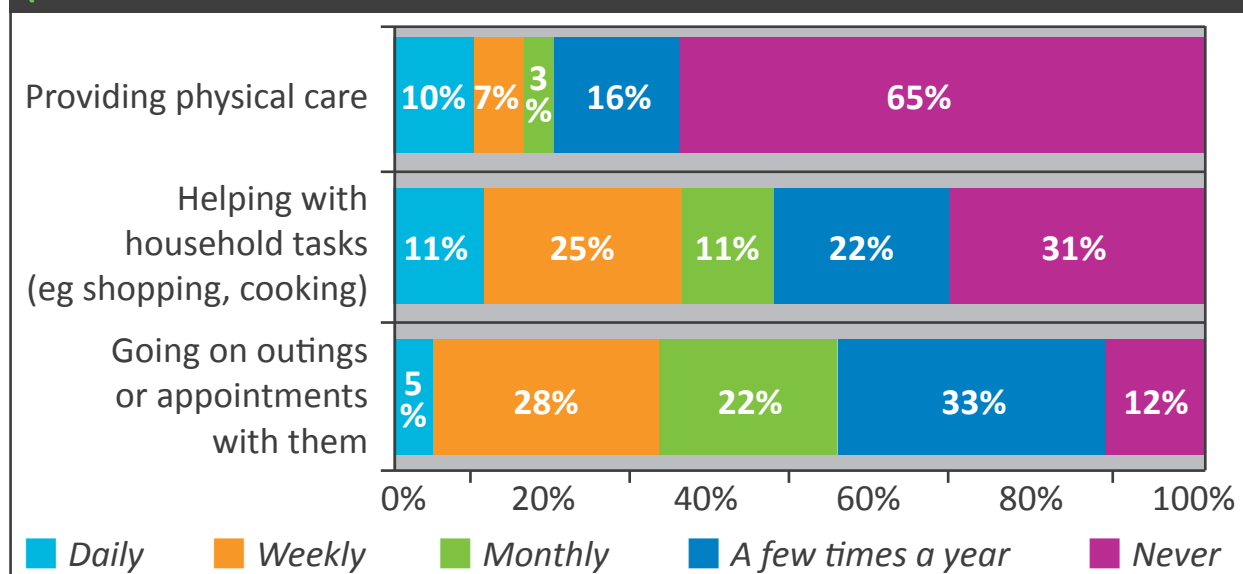
#### Extra support for friends and family over 65

Almost 60% of their older family and friends required extra help or support (59%, 810, n=1364), in the form of accompanying on outings or to appointments, help with household tasks or physical care. Almost all (93%) our respondents gave some of this help at least a few times a year, with similar amounts being given by the over 65s themselves as that given by the 40-65 age group. Disabled respondents were less likely to give this extra support.

One respondent described some of the tasks they did to support others:

*I manage all the household accounts and negotiate with service providers to ensure that services are joined up. I organize all the shopping and menu planning from a distance and oversee medication regimes.*

**Chart 7: How often respondents provided extra support to family and friends (n=1364)**



Some described giving support remotely; for example, one person read to their family or friends over the phone.

### 3.2. Neighbours over 65

Just under 80% of the respondents had neighbours over the age of 65 (78%, 1158, n=1488). This section, 16.2, refers to this group.

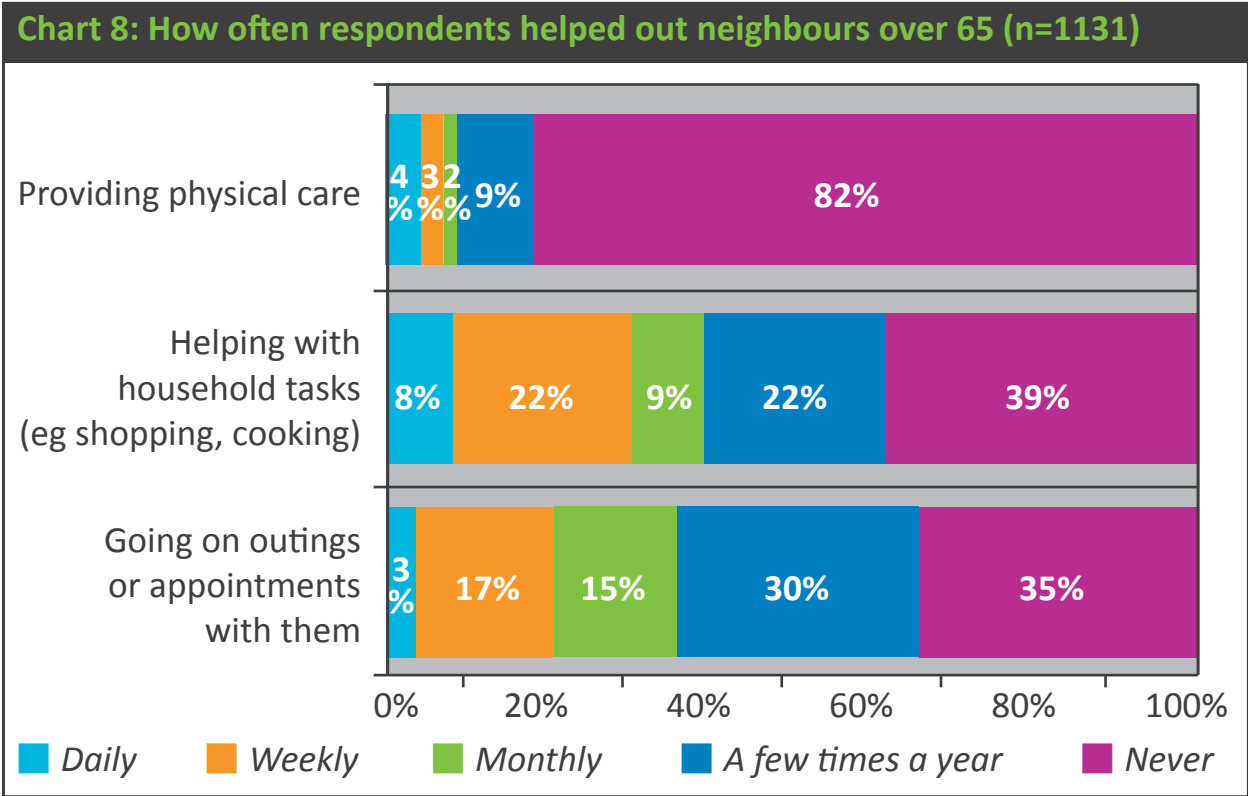
#### Keeping in touch

Respondents reported keeping in touch with older neighbours about as much as they kept in touch with family and friends. Three quarters of the respondents with older neighbours kept in touch with them on either a daily or weekly basis (74%, 851, n=1145). About 10% reported keeping touch on a monthly basis (7%, 85), 12% (137) reported keeping in touch a few times a year and 6% (72) respondents said that they never kept in touch with older neighbours.

Older people (over 65) reported having much more contact with older neighbours than younger people. Just over 40% of the older people said they had contact with older neighbours daily (42%), compared with only 16% of the younger age group.

#### Extra support for neighbours over 65

According to those with older neighbours, almost 50% of these neighbours required extra help or support (48%, 539, n=1131), and 83% of respondents gave this support at least a few times a year.



One respondent described how they check on neighbours: ‘I keep an eye out, see that light is on at night, curtains are opened in the morning, do odd jobs when needed’.

Although a lot of extra support was being provided by our respondents, they were giving less of this type of support to neighbours than they did to family and friends. The over 65s were giving similar levels of support to neighbours as the 40-65s. Women were more likely to provide extra help to neighbours than men. People aged over 65 reported more contact with neighbours, and more daily contact, than people aged 65 or under. They also went on more outings and appointments with them.

### 3.3. Support from friends and family

Most respondents (86%) said that their friends and family kept in touch with them daily or weekly, and many were getting regular extra support. One described the support they receive from their friends: ‘I lead a very active life and so do my friends. We go to dance classes together, work together and socialise together’.

<b>Table 9: How often do friends and family do this for you</b>	Daily	Weekly	Monthly	A few times a year	Never	I don't need this
Keep in touch (eg visiting, phoning)	39%	<b>47%</b>	8%	8%	2%	3%
Accompany on outings or appointments	4%	24%	17%	<b>29%</b>	11%	15%
Help with household tasks (eg shopping, cooking)	10%	20%	4%	11%	22%	<b>34%</b>
Provide physical care	7%	5%	1%	6%	28%	<b>53%</b>

Overall, the older age group (over 65) reported quite high levels of contact, and more contact than those aged 65 and under. The older group reported that their friends and family keep in touch with them more, went on more outings or appointments with them, helped in the house more and provided more physical care, than they did for people aged 65 and under. Women reported slightly more contact and outings and appointments than men.

However, 18 respondents aged over 65 said family or friends never contacted them (eg visiting, phoning). Large numbers of respondents aged over 65 reported needing extra support but friends or family did not provide it:

- 19% needed physical care (212, n=1118)
- 17% needed help with household tasks (187)
- 8% said they needed help to go on outings or appointments (90).

We don't know the reasons why friends and family were not in contact with or providing extra support to some of our respondents. It may not have been possible, or appropriate. It may be that some had no family or friends.

Disabled respondents reported receiving considerably more help with household tasks (49% received help with this either on a daily or weekly basis, compared to 30% of all respondents), and were provided more regular physical care from friends and family (28% of disabled respondents received physical care on a daily or weekly basis, compared to 12% of all respondents).

## 4. The future

### 4.1. Doing more for others

Helping friends, family and neighbours

Almost two thirds of the respondents who had older friends, family or neighbours felt they do enough to stay in touch with or help (64%, 843, n=1311). A third would like to do more (35%, 462), and six people said they would like to do less. Younger people (65 and under) were more likely to say they wanted to do more for others – but this may be related to availability of free time, as people 65 and under were much more likely to be working.

It was striking how many respondents – themselves with significant personal issues – wanted to help others. One woman aged 50-65, who has experienced isolation and mental health problems, said that she helped herself by helping others.

*I quietly give and help others. I gave away my dining suite to a young family in need. I will never move from my flat and so will not miss it. I have so many material possessions, you cannot take them with you so I convert them to cash or donate to help others... Life changes, you move on and so long as I make others smile rather than cry I will feel I have made a difference and have self respect.*

#### Wanting to do more

Of the 462 respondents who wanted to do more, 128 told us what they wanted to do. The majority wanted more contact with older people they know, either through more regular contact or offering general support, such as taking them out, or helping around the home (81%, 104). One said they wanted to ‘help with practical tasks, eg housework/gardening; taking to hospital, etc; listening to them.’ Other suggestions included organising events or clubs.

#### Why people are not doing more

Over half were not able to do more because they were not physically able to (53%, 269, n=508). Several expressed sadness or frustration at this. One disabled person commented that:

*If my own health and energy enabled me to I would very much like to read to other partially sighted people, or have a couple of wheelchair users round for a cuppa and chat. Unfortunately I frequently have problems with speech or vision and other aspects and I have to be scrupulous about pacing my own energy and abilities to run my own life - but I am sociable and chat to people locally, have advised people about where to access*

*help and information, or obtain aids and equipment. I believe we should be good citizens and that we all have something to give to the world, no matter what our own impairment or needs.*

One explained that 'my husband already cares for me 24 hours a day plus has his 90-year old Dad to contend with so he could not be asked to enable me to do that along with everything else.' A few others said they would like a volunteer to help them volunteer.

Another disabled person explained how they found ways to try and help:

*My own disabilities prevent me from offering [help]: So I try to offer help in other ways, i.e. help with their computers/phones etc, general information gathering, typing letters/emails, signposting towards various agencies. Generally listening and being a friend.*

Lack of money or access to a computer were hindering people's ability to keep in touch. A number of the respondents (15%, 75, n=508) said that the travel involved or calls are too expensive. One explained that:

*I want to visit family members more often but distance is a problem as the cost of petrol is too high and the cost of a train ticket is out of the question - I would have to win the lottery. I would like to phone daily but I am afraid of running up a bill that I would be unable to pay.*

There were a number of other practical reasons why people couldn't do more:

- 33% said they didn't live near enough to family or friends (169)
- 22% didn't have the time (111)
- 17% said the older people they knew didn't want any contact or help (88).

Some commented that although they wanted to do more, a number of things put them off. For example, some people said they:

- weren't sure how to help
- didn't know any older people
- didn't know their neighbours well enough
- were afraid of offending people to whom independence was very important
- were 'embarrassed' to make an approach. One younger man explained he was afraid of appearing 'nosy'.

*What would help them do more*

Many respondents said that more time would enable them to do more (38%, 42, n=112). Others said they would need to relocate, or needed more money, or that a more structured arrangement would help, for example, 'good neighbour' schemes that help identify and put you in touch with people'.

One suggested that they could be helped to do more if someone worked to 'change attitudes towards becoming more dependent and needing help with things. If there was less of a stigma attached, they may accept help more easily.'

## 4.2. Managing one's own loneliness

Over half the respondents said they worried about becoming lonely in the future (57%, 836, n=1462). A third said they do not worry about this at all and 8% (119) were unsure (35%, 507). People aged 65 and under were slightly more likely to be worried than people over 65. As the age of respondents went up, they worried about loneliness less. Women were more likely to worry about loneliness than men.

Disabled respondents were more likely to be worried about loneliness in the future. This may be related to the findings that disabled respondents saw loneliness as more prevalent and rated it as more important as a social issue.

### Overcoming loneliness

Some respondents who had felt lonely in the past told us how they had overcome this. Strategies included:

- making contact with friends or family (36%, 59, n=166)
- getting involved in the community or social activities (22%, 37)
- doing some voluntary work (14%, 23)
- developing hobbies/interests (8%, 13).

Other suggestions included going to church or other religious activities, studying or walking the dog. One person described what they have done to combat loneliness in the past:

*Picked up the phone rather than waiting for it to ring. Sat in the garden to listen to the birds. Played music. Written a gratitude list. Sung (badly) when voice working. All activities are 'as and when able' since my condition is so variable but if able I may use computer, or make a birthday card for a friend. If I cannot see well enough for this or I have 'pork-sausage dodgy digits' I may just do a silly word game in my head, or think of people or flowers or places from A-Z.*

### Access to services

While the majority of respondents were aware of some services that could help them if they became lonely, almost half were not: 42% of respondents (594, n=1404) said they did not know of any organisations or services that could help them if they became lonely, or were unsure if they knew of any. This is perhaps surprising, as almost all of these people came to the survey via an organisation,



although it is possible that these organisations are reducing loneliness without clients knowing it. This finding may also be due to how people understand the words 'organisation' and 'service'.

Just over half of the respondents knew of services that could help them should they become lonely in the future (58%):

- 34% said they knew of one service (278, n=810)
- 53% said they knew of between two and four services (433)
- 12% knew of five or more services that could help them (99).

Younger people (65 and under) knew of more organisations that could help them than older people did, and women knew of more services than men. Disabled respondents knew of fewer services than non disabled did. Perhaps unsurprisingly, those giving email addresses<sup>8</sup> knew of more services that could help them than those without.

### 4.3. Protection against future loneliness

Although many respondents felt that it was possible to protect oneself against future loneliness, many were not so sure:

- 60% thought it is possible to protect against loneliness in the future (846, n=1420).
- 30% answered 'maybe' or 'not sure' (417)
- 11% answered that no, it is not possible to protect against loneliness (157).

More older people (over 65) felt it was possible to protect against loneliness than younger people. Experience may count here – older people were more certain of how they felt about this. While 49% of those 65 or under answered 'maybe' or 'unsure', only 22% of those aged over 65 gave these responses. Men were more certain than women.

Interestingly, people involved in religious activities were much more likely to think you could protect yourself against loneliness in the future. None of the people involved in religious activities said you couldn't protect yourself against future loneliness, and 83% felt you could (277, n=355); the rest were unsure. By comparison, only 52% of those not involved in religious activities said you could protect yourself (569, n=1091).

#### Why people don't protect themselves

##### *Because it is not possible*

Of those that feel it is not possible to protect against loneliness, some felt that it depended on state of mind or personality. Others said it was because you couldn't predict the future. One explained that:

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<sup>8</sup> We are using this as a proxy for access to the Internet.

*Life sometimes deals a blow and it is not always easy to protect oneself against this... if you have reasonable health it is easier but if in poor health it is more likely to bring on loneliness, depression, moving into poorer health and becoming isolated, getting more and more reclusive, and eventually finding it difficult to actually make oneself go out and meet people. People who can fight loneliness off are those who are still capable of getting out and about, joining groups and meeting people; it doesn't have to cost a lot of money to do this.*

*For other reasons*

Some of those who felt it was possible to protect themselves against loneliness were nonetheless not doing so. Some felt they were too young to worry about it (20 people, mostly aged under 65), and others didn't have the time (12%, 36, also generally younger).

Some said that they didn't want to think about it yet. One explained that 'it's hard to see yourself as you will be in the future - no-one wants to think of being alone and lonely'. Another agreed:

*I can't think about things so far ahead...I have to live in the present at the moment, things change so quickly. Sometimes, I really don't want to think about it....I actually find it quite depressing.*

One finding from our survey to organisations is relevant here. Learning through the experiences of others may be a useful stimulus to action. One respondent from an organisation working with older people explained that their volunteers were learning through their volunteering about the need to prevent loneliness:

*A lot of our volunteers are over 40 (88%) and they see the effect of loneliness and isolation and we know because of this they are more aware of how to prevent this in future.*

Lack of money was mentioned by a number of respondents as a reason why they couldn't engage in social activities as much as they would like, to protect themselves against loneliness. One explained that

*If I had a fulfilling job in a stable environment it would help. Society is focused on what you do for a living, it's very difficult to deal with...so everyday is spent alone, looking for a job. I wouldn't feel lonely if I didn't spend everyday alone, looking for a job.... If I had a job, money I could belong to clubs and societies, everything costs, even having someone to stay for a weekend!*

## **How people are protecting themselves against loneliness**

People told us what they were currently doing something to help protect themselves:

- 92% were keeping in touch with friends or relatives (802, n=876)
- 58% were living near family or friends (506)
- 46% were getting involved in their community (407)
- 46% were volunteering (402)
- 43% were involved in social, sporting, or cultural groups (380)
- 40% were involved in religious activities (354)
- 18% were working (157).

Younger people (65 and under) were more likely to be working, volunteering or involved in social, sporting or cultural groups. Older people were more likely to be involved in religious or community activities. Women reported doing more of most of these activities (all except volunteering, which was the same for men and women) than men; disabled people reported doing less of all these activities (all except religious activities, which was the same for the two groups) than non-disabled.

### **Doing more to protect against loneliness**

Almost a third of respondents said they would like to do more to protect themselves against loneliness (28%, 294, n=1057). This figure includes 26% of those already doing something protective and 32% of those not. Younger people were more likely to say they wanted to do more to protect themselves than older; 37% of people aged 65 and under said they wanted to do more, compared with 22% of those over 65. More disabled respondents said they wanted to do more to protect themselves.

Respondents described what they would like to do more of:

- 35% said more contact with friends or family, or making more friends (34, n=98)
- 23% wanted to be more sociable (23)
- 22% said they'd like to join a group or develop an interest (22).

Respondents also told us the factors that are preventing them from doing more:

- 37% said a lack of time (36, n=97)
- 9% said a lack of money (9)
- 8% said they do not know how to get more involved (8)
- 8% said health or disability (8)
- 7% (7) said they were too shy or unconfident, for example, one said they would 'worry about not "fitting in"'.

## 5. Summary of Results

1542 people aged 40 and over were surveyed, online and using hard copies, about their views on loneliness and their social connectedness. Most were contacted via the networks of Independent Age.

### 5.1. Views on loneliness

- Respondents thought that loneliness in older people is much more prevalent than it actually is. Younger respondents thought it was more prevalent than older.
- Almost all respondents knew about the links between loneliness and health, but did not rate the risk to health as highly as the risks posed by smoking, being overweight or drinking alcohol.
- Most respondents felt loneliness to be an important social issue. As respondents' age went up, their perception of the importance of loneliness went down.
- Those who had heard of the Campaign rated loneliness as more important and more damaging and thought that older people were lonelier, than those who had not heard about the Campaign.

### 5.2. Their contact with people over 65

- Most respondents kept in touch with older friends and family frequently.
- Almost all respondents gave some extra support to family and friends who needed it, with as much support being given by the over 65s as by the 40-65 age group.
- Respondents reported keeping in touch with older neighbours about as much as they kept in touch with family and friends. A small number of people (6%) said they never kept in touch with their older neighbours.
- Older people reported having more contact with older neighbours than younger people did.
- Most of our respondents gave some extra support to neighbours who needed it.
- Disabled people reported receiving more contact and support than they gave themselves.

### 5.3. Other people's contact with them

- Most respondents said that their friends and family kept in touch with them daily or weekly, and many were getting regular extra support.
- The older age group (over 65) reported more contact with family and friends, and more extra support being given by them, than those aged 65 and under.

- A small number of respondents aged over 65 had no contact with family or friends (eg visiting, phoning).
- Large numbers of respondents aged over 65 reported needing extra support but friends or family did not provide it: the reasons for this are not known.

#### 5.4. The future

- About a third of respondents – more often younger people – said they wanted to do more to help people over 65 stay connected.
- People explained why they couldn't do more:
  - Some lacked the time, or didn't live near enough.
  - Many respondents said they couldn't do more to help because they were not physically able, which was a source of sadness and frustration for some.
  - Some lacked money or access to a computer.
  - Some didn't know where to start or were wary of offending people

#### 5.5. Protecting themselves

- Over half the respondents said they worried about becoming lonely in the future. As the age of respondents went up, they worried about loneliness less.
- Over half thought it is possible to protect against loneliness in the future, although some lacked the time to do so or felt too young to worry about it now. More older people felt it was possible to protect against loneliness than younger people.
- Almost half the respondents did not know of any services that could help them if they became lonely. Younger people knew of more organisations that could help them than older people did, and women knew of more services than men. Disabled respondents knew of fewer services than non-disabled people.
- Almost a third of respondents, especially younger people, said they would like to do more to protect themselves against loneliness.

# Recommendations

The Campaign is not planning to reach large numbers of individuals directly through two of its projects, as it will access them via other organisations in the coalition working to combat loneliness. The work under the futureproofing objective is one exception to this, as this work will focus on individuals.

## *The need to target*

Research tells us that about 10% of people over 65 often feel lonely. But what this research also shows is that while there may be a significant minority who feel lonely, there are also a majority who are very socially connected. Of course, social connectedness doesn't mean people aren't lonely: it is possible to be highly connected and lonely, and seemingly isolated and yet not lonely. But our findings – to the extent that they can be generalised beyond the Independent Age membership – indicate that the Campaign and its partners need to be highly targeted in its work with older people, especially if interventions focus on social connectedness. The Campaign has limited resources, and these need to be targeted at those most in need.

## *Communications*

In terms of messaging of communications, this research does point to the possibility of negative stereotyping around older people: Our respondents, especially younger people, thought loneliness was much more prevalent than it is. Younger people were also more worried about loneliness than older people.

Yet overall the picture in this age group was a very positive one with many highly engaged older people, getting a lot of support from family and friends, and in turn offering a lot of support. Again, this data may counter negative perceptions of older people.

Respondents wanted to do more to help themselves and to help others. One of the barriers to connectedness was lack of time. It is not possible to find more time for people. But it is possible that the time barrier is linked to people not seeing the point or the benefit of taking action now.

Some respondents said they didn't want to think about loneliness in the future. It may be that for some people, living in the present is helpful. It would be worth considering whether planning to prevent loneliness is always the best response for people.

## Services

Respondents described some barriers to connectedness that may not be within the power of the Campaign or its partners to change (for example, where people live). However, other barriers were:

- money for contact
- disability
- access to a computer or the Internet
- not knowing where to start.

Projects focusing on these areas could help reduce loneliness in older people. In particular, the role of disability in making people isolated and in stopping them helping others was a strong theme in this research. Enabling people to offer help and support may in turn reduce their own loneliness or isolation.

Finding ways for people to help and be helped remotely would be very helpful, and this may include access to the Internet. Although Internet use is still relatively low amongst the over 65s, it is increasing rapidly. In 2006, 82% of adults aged 65 and over had never used the Internet. By 2007 it was 71%, and by 2010 the figure had dropped again to 60%.<sup>9</sup> Access to the Internet would also increase people's access to information about services to tackle loneliness.

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<sup>9</sup> *National Statistics: First release*. 'Internet access 2007: Households and individuals', 28 August 2007. In 2007, 71% of 65+ had never used internet, in 2006 it was 82%.

*Office for National Statistics: Statistics bulletin*. 'Internet access 2010: Households and individuals', 27 August 2010.  
<http://www.statistics.gov.uk/pdfdir/iahi0810.pdf>

# Methodology

The survey was developed by Charity Evaluation Services (CES) with help from members of the Campaign to End Loneliness Management Group. It was tested internally at CES and then piloted with 14 members of Age UK Oxfordshire.

The survey consisted of 36 questions that were focused on three main areas:

1. Basic information about respondents (e.g. age, gender)
2. Their views on loneliness and protecting themselves against it in the future
3. Their social connectedness (e.g. contact with friends, family and neighbours)

The survey was distributed both online and through hard copies:

- WRVS distributed 390 hard copy surveys to 13 services.
- Age UK Oxfordshire sent hard copies to their newsletter mailing list and their health and social care panel. They also distributed some hard copies by hand.
- Independent Age mailed a hard copy to 3,400 members, sent an email link to their volunteers and had the survey link on their email signatures.
- Counsel and Care used Twitter and Facebook to advertise the survey in the first week, included survey invitation on the signature of all emails for the duration of survey and had articles about it in their daily bulletins
- The Campaign sent the email link to their 250 contacts
- The Mental Health Foundation sent the email link to all their 'Grouchy Old Men?' groups
- The Department of Work and Pensions put the link within their *Ageing Well* newsletter and sent the link to a large list of contacts on their database

As previously noted, there was a heavy sample bias towards Independent Age members, with 70% of respondents reporting they heard about this survey via Independent Age.



# About the Campaign to End Loneliness

The Campaign to End Loneliness is a coalition of partner organisations working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age.

The Campaign was launched in February 2011 by the founding partners Age UK Oxfordshire, Counsel and Care, Independent Age and WRVS and is funded by the Calouste Gulbenkian Foundation. There are now over 100 organisations and individuals supporting the Campaign across the United Kingdom.

Through our project work we will:

- **Raise awareness** – of loneliness and why working to reduce it matters.
- **Build the evidence base** – gather the evidence, promote what works and find the gaps in current interventions.
- **Share future-proofing ideas for individuals** – helping us all to future-proof our own lives against loneliness in older age.

For more information about the issue of loneliness, including other studies and research in this area, visit our website [www.campaigntoendloneliness.org.uk](http://www.campaigntoendloneliness.org.uk)

We work with our supporters so they can raise awareness of the Campaign's messages in their circle of friends, networks, with other organisations or local leaders and people who make decisions about local areas.

We welcome supporters who are individuals or organisations and who are committed to raising awareness of the problem of loneliness in older age and how we can work together to overcome this issue.

Support the Campaign to End Loneliness by signing up online or contacting us below:  
[www.campaigntoendloneliness.org.uk/support-us](http://www.campaigntoendloneliness.org.uk/support-us)

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