

Glasgow Centre for Population Health

Response to call for evidence on *age and social isolation* from the Equal Opportunities Committee

Key points

- Although older and younger adults are at risk of social isolation, the GoWell study in deprived communities in Glasgow found the prevalence of loneliness highest among those that lived alone, middle-aged men with low educational qualifications, and those with worsening mental health problems.
- Social isolation is socially patterned with greatest prevalence reported in the most deprived neighbourhoods. Poverty contributes to social isolation.
- Social isolation and loneliness are part of a wider picture of changes in the nature of society and social networks; the structural influences of these changes, such as the design of neighbourhoods, are important, as is a social dimension to area-based regeneration initiatives.
- Interventions and policy approaches should focus not just on responding to and mitigating social isolation, but on understanding the wider social context which creates social isolation in the first place and seeking preventive approaches for those most at risk.
- Although not always tackling social isolation and loneliness explicitly, the work of community-based projects plays an important role in supporting people of all ages to become 'better connected' with each other, a fundamental principle of asset-based working.

1. Introduction

The Glasgow Centre for Population Health (GCPH) welcomes the opportunity to contribute to this inquiry. Our response brings together findings from the work of the GCPH and from the GoWell research and learning programme, which together give insights into the nature of social isolation and loneliness, groups most at risk, factors which contribute to social isolation, and potential policy and practice responses. We would be happy to provide further information on any of the issues raised.

The GCPH was established in 2004 to carry out research and support new approaches to improve health and address inequalities, working in partnership with local organisations and communities. The Centre's work is focused on Glasgow, with wider relevance across Scotland. GoWell is a longitudinal research programme which began in 2005 exploring the impact of housing change and regeneration in Glasgow on the health and wellbeing of people, families and communities¹.

Loneliness and social isolation are terms that are often used interchangeably, however it is generally accepted that the two are closely linked and that social isolation is an important factor in influencing feelings of loneliness. Social isolation can be defined as the absence of relationships with family or friends on an individual level, and with society on a broader level. The absence or weakness of a person's social network indicates whether the person is socially isolated.

2. Prevalence of social isolation in urban and rural settings

2.1 GoWell programme learning

A survey² undertaken as part of the GoWell study³ found that current and immediate feelings of loneliness are common in the areas of urban deprivation surveyed, with 40% of respondents reporting occasional or frequent feelings of loneliness in the preceding fortnight. This compares with 45% found in a recent a survey⁴. However, *frequent* loneliness was higher in the GoWell areas than the national survey in both men (17% compared with 11%) and women (15% compared with 10%).

The GoWell study found that, within the areas of deprivation studied, loneliness was most common for:

- people living alone or with long-term conditions or disabilities (25% of single adults and 20% of single people over 60 years old were frequently lonely)
- those of working age, those with no qualifications and those not in employment, training or education.

No difference in loneliness was found by migrant status.

In terms of social contacts, those who had contact with family members once a month or less were 90% more likely to feel frequently lonely than those who had contact most days. Frequent loneliness was more likely in those who rarely talked to others in their neighbourhood and who had no available sources of practical or emotional support.

In terms of neighbourhoods, people who used more local amenities and those who rated their neighbourhood environment as higher quality were less likely to report occasional or frequent loneliness. Similarly those who reported more antisocial behaviour problems in their area, or felt unsafe walking at night, were more likely to report loneliness.

2.2 Understanding Glasgow

The *Understanding Glasgow* project⁵ provides useful information about current and future trends in Glasgow relating to those groups most at risk of social isolation:

- Single adult households are predicted to rise to form the majority of households (57%) within 25 years.
- Households with children are predicted to shrink overall over the same period (23% to 19% of households), although the proportion of lone parent households is predicted to rise slightly from 39% to 42% of households with children.

Although particularly stark in Glasgow, these figures reflect wider trends across Scotland.

Understanding Glasgow also summarises information about the current experience of Glaswegians:

- In 2008, 8% felt that they were isolated from family or friends, a figure greatly reduced from earlier surveys, where around one-in-five felt isolated (18% in 2002, and 21% in 1999).
- Those living in the most deprived 20% of neighbourhoods reported higher levels of social isolation (10%) in comparison with those living in the least deprived neighbourhoods (6%). This is consistent with other surveys which found a gap between people living in deprived communities and those living in less deprived areas.

- Two-thirds of people had a positive perception of social support in 2008 with the highest levels of perceived support in the least deprived communities (83% had a positive perception).
- In 2011 only 50% of those with no qualifications took part in a cultural activity in the preceding year compared with 86% of Glaswegians overall. Those with long-term illnesses or disabilities were also less likely to participate in cultural activities.

These figures demonstrate the social patterning of social isolation with the greatest perceived support and least social isolation in the least deprived areas.

2.3 Nature of social isolation – evidence from the ‘three cities’

The nature of social connectedness at a city level has been implicated as a possible component in explaining Glasgow’s ‘excess’ mortality in comparison with the similar cities of Liverpool and Manchester⁶. This has been approached by exploring the differences in social connectedness through the measurable category of social capital, of which a frequently used definition is Putnam’s: the “features of social organisation such as networks, norms and social trust that facilitate co-ordination and co-operation for mutual benefit”⁷.

Although this definition takes us away from the personal experience of loneliness and social isolation toward a more structural perspective on connectedness, social capital can be useful in identifying how different forms of interpersonal relations can support or diminish wellbeing and in which circumstances. For example, close links with those who share similar experiences, outlooks and values (*bonding* social capital) are considered vital for social support and mitigating the effects of shock and stress. However, social capital also has a role in adaptation to new circumstances in periods of upheaval and change with *bridging* social capital important for both individuals and for strong and resilient communities that can take advantage of change⁸.

The GCPH’s three cities survey found that, in relation to one dimension of social capital pertinent to health, wellbeing and social isolation (social support), Glasgow fared better than Manchester in response to the question of having “no one to ask for help with shopping when ill, advice or to borrow money.” Seven per cent reported such an absence in Glasgow compared with 16% in Manchester and Liverpool fairsing best with 4.5%⁶. However, Glasgow also reported significantly lower levels of social participation (volunteering) and trust than Liverpool and Manchester. This suggests that if the nature of social connectedness is an element in explaining Glasgow’s poorer health outcomes, then it is a complex relationship. Further, it could also indicate that the nature and value of particular forms of connectedness changes over time and context. What was of value in the past may be of less value today and different times may call for different constellations of connectedness. A qualitative investigation of culture within the three cities programme highlighted the dynamic nature of community and social connectedness which are discussed later.

2.4 Links to income/deprivation

There is evidence that poverty makes a significant contribution to social isolation. The GCPH is a member of Glasgow’s Poverty Leadership Panel, and a recurring theme raised there is that social contact, such as meeting others for a drink, is one of the first things to stop when money is tight.

This is well illustrated by recent research commissioned by the GCPH on the experiences of lone parents⁹. This highlighted that for many lone parents on low incomes any expenditure beyond the most basic needs was out of reach:

“It is a struggle, it’s not easy, but I get by. But there’s never any spare money to do anything, if you wanted to take the kids out anywhere.”

Age 33, two children aged 16 and five

The report also looks at lone parents’ experiences in relation to research on minimum income standards, highlighting that for a lone parent with one child, benefit income meets just 57% of the minimum income standard. This means in practice that many of the requirements for a generally agreed minimum standard of living – including social and cultural participation – are unaffordable for lone parents, and will also be unaffordable for others in constrained financial circumstances.

2.5 Digital exclusion

Current evidence is not yet clear about the impact of technology on people’s ability to relate and interact with others⁴. While it is important to recognise that technology is not a substitute for the social interaction that is important in preventing loneliness, digital access can facilitate real and virtual relationships, and can assist engagement and access to services. It is also becoming clear that unequal digital access may further limit opportunities for those in deprived communities. Understanding Glasgow highlights that, in 2008, just 56% of Glasgow households had internet access. Although this had increased over the previous decade, it remains below the Scottish (61%) and UK (65%) levels. Internet access is linked to deprivation with 37% in the most deprived communities in Glasgow having access, compared with 63% in all other neighbourhoods.

The Carnegie Trust explored broadband take-up in Glasgow in 2012¹⁰, and found it to be lowest among semi-skilled and unskilled manual workers, and non-working adults and among those aged over 65, of whom only 12% are online, in line with other parts of the UK. However, take-up among those aged 35-64 (35%) and among skilled manual workers was particularly low in Glasgow (47%).

A report by the Royal Society of Edinburgh in 2014¹¹ highlighted that areas of urban deprivation were particularly at risk of being offline, with lower rates of access to broadband in the home, smartphone use and use of public provision of broadband (e.g. in libraries). Low uptake was particularly linked to low income and unemployment. Barriers to uptake included costs, perceived lack of skills and knowledge, and privacy concerns.

3. Impacts of social isolation

3.1 GoWell; loneliness and mental health

In the GoWell study² poor mental health and wellbeing was associated with occasional and frequent loneliness. Those reporting long-term problems with stress, anxiety or depression were nearly twice as likely to feel occasionally lonely and twice as likely to feel frequently lonely if the problems were worsening.

3.2 Three cities: social capital evidence on isolation

The qualitative component of the three cities programme¹² has explored social capital and understandings of neighbourhood as part of attempt to shed light on how socio-cultural aspects may explain Glasgow’s poorer health outcomes. The findings indicate how loneliness and isolation are shaped by a contemporary experience of a ‘liquid modern’ community and can be associated with developments that, seen through other lenses, may be viewed as signs of the economic success of cities.

Young has described 'liquid' communities as "less territorialised, less tethered to locality (where) the social and spatial, once soldered tightly together, begin to drift apart. Each step less moored to any specific place"¹³. This has implications in post-industrial cities where the forms of employment which underpinned social connections, cohesion and a sense of shared life and livelihood disappear with the heavy industries they developed around. 'Community' is less understood as something rooted in the geographical places we live but more in our social networks which can cut across regional and national boundaries and has implications for the types of social support we can expect from them. The statistic cited earlier of Manchester having a greater percentage of people with no one to turn to locally for help and support can be characteristic of lives in 'liquid' neighbourhoods, despite the fact that in socioeconomic terms these neighbourhoods can be seen as successful.

A diminishing presence of family roots and long-standing connections within geographical neighbourhoods is also characteristic. In an affluent area of Manchester, the loneliness and isolation of older generations was highlighted as a challenge produced by new ways of living whereby the informal support of family was less likely to be found locally. However, these are not challenges solely found in affluent neighbourhoods. In a deprived community in Glasgow, the researchers found descriptions of reduced social cohesion and community support for child rearing. This was described as a case of "*families standing alone*".

4. Best practice and ideas for sharing

4.1 Assets in action

Community-based projects play an important role in helping people to 'connect' to one another and to build supportive networks and friendships. The GCPH publication *Assets in action*¹⁴ provides case studies of 19 community-based projects, working across Scotland. The cases were working with a range of different target audiences, against a backdrop of a range of topic-related activities and areas of interest, and were all working in an asset-based way, that is valuing and building the strengths, skills and successes of people, groups and organisations. Although the case studies illustrated were not explicitly set up to tackle social isolation or loneliness in their communities, addressing this was implicit in their work as they sought to build community cohesion and the hopes, aspirations and available opportunities of local people who faced challenges and issues in their personal level, who had become removed from the employment market or disconnected from their local communities. The work of a number of the projects is notable in this regard, namely The Coach House Trust, Older People for Older People, The Zone's Home Buddy Scheme, Playbusters Connecting Generations and Rag Tag 'n' Textile.

"...helps [people] who may feel isolated to recognise and access the range of networks and supports available around them."

"It provides a safe place for people to be happy. If they are happy they're more likely not to feel ill or have poor mental health."

"It's a comfort to know that once a week somebody's going to come in"

"We are challenging isolation and intolerance with innovation and creativity"

Asset-based approaches focus on equipping individuals with the skills for living that help them to manage difficulties in their lives when they arise. These approaches set

out to work with people to make their skills visible and give them confidence that they are valued. In reality for individuals, communities and professional staff, asset-based approaches embrace a move away from defining people in terms of what they don't have (their needs) to what they do have (their assets) and acknowledging that individuals labelled as deprived are often rich in relationships, resourcefulness and social, personal and material assets.

4.2 Volunteering

GCPH research looking at the characteristics and experiences of those volunteering for the Commonwealth Games¹⁵ has shown that measures of social capital among respondents were significantly higher than in the general population.

Many of the assets-based programmes outlined above also provide evidence of the potential of volunteering to be a positive way of connecting individuals with others and with opportunities, as well as in delivery services.

5. Potential ideas for improvement and influencing policy

5.1 Neighbourhood design and social regeneration

The GoWell study² described above found that loneliness is related to the possibility of contact with others, particularly family and friends and perceptions of the local area. In particular, having contact with neighbours on most days and being familiar enough to stop and talk to neighbours was important. The study also found that loneliness was higher in those with no sources of emotional support and lower for those who had sources of practical support. Further, neighbourhood design and the provision of local amenities were found to play an important role in facilitating social contact and breaking down social barriers within communities.

The authors conclude that social regeneration should form a stronger component within area renewal programmes, creating opportunities for residents to engage with each other, to form ties and to offer each other social support. In addition, local public and third sector organisations have a role in providing practical and emotional support for people without close social networks.

5.2 Resilience recommendations, underlying causes (including economic policy / working life)

The resilience perspective also offers insights to understand the processes that maintain strong interconnected and inclusive communities. Our report¹⁶ highlights four dimensions of policy and practice where there is opportunity to promote interconnected communities: *culture, economy, governance and infrastructure*.

Culture. Cultural participation can support the resilience of individuals and communities when it recognises the need for individuals to be producers as well as consumers of cultural output. Creative cultural production can support the growth of shared experiences that allow communities to arrive at new understandings of themselves and in doing so, supports the release of community and individual assets. Through participation in creative activity, individual resources which support wellness are developed and utilised (confidence and sense of agency) but further the sharing, negotiation and engagement with communities by decision-makers facilitates the growth of bridging and bonding social capital. Consequently, policy-makers should recognise cultural participation as essential for healthy communities but also as a means of 'putting into the frame' a diversity of perspectives that make decisions better suited to community strengths and aspirations.

The internet has allowed cultural production to flourish not only among online communities of interest but through allowing media to operate on neighbourhood, or 'hyperlocal' scales. These can often supplement existing physical neighbourhood resources such as community gardens or community fora and complement the existing co-operation and reciprocity in physical neighbourhoods. The Joseph Rowntree Foundation-supported *Liveable Lives*¹⁷ project is currently exploring how 'low intensity support' is maintained through everyday interaction in neighbourhoods and includes an analysis of the role of online as well as offline interaction.

The economy and work. Work has a positive effect on individual health and wellbeing and can reverse the ill-effects of long-term unemployment¹⁸. In the seminal review of evidence '*Is work good for your health and wellbeing?*' Wandell and Burton¹⁹ outlined work as vital for providing the material resources for participation in society, for psychosocial health and in the formation of social identity and status. Being outside the workforce for a number of years can diminish connections and social capital. Warhurst²⁰ suggests welfare policies that support those returning to work with available childcare as key to ensuring equal access to work. An informal system of like recruiting like in some industries, often through periods of unpaid internship, also needs to be addressed as it disadvantages those outside of particular networks.

Governance. Processes which bring decision-making closer to communities can build stronger neighbourhoods giving people a sense of control, voice and bringing people together over shared interests. Such ambitions are enshrined with the Community Empowerment Bill and reflect the processes outlined above around community renewal, linking decision-making with existing capacity in terms of informal groups at a community level. However, existing capacity for engagement is not equally distributed between communities and resources are required to increase participation in low engagement neighbourhoods. Similarly, *infrastructure* should be conceived on the community scale to facilitate informal activity and meeting. This can play an important role in increasing opportunities for socialising, improving mental wellbeing and increasing confidence. Provision of green space, community facilities such as halls and libraries all play a role here.

6. Relevant ongoing research

6.1 Older people and alcohol

In partnership with the University of West of Scotland, the GCPH is conducting qualitative research into the experiences of the transition to retirement with reference to the role and use of alcohol. This project will report at the end of 2015 but early findings are highlighting a role for social connectedness and isolation in shaping hazardous and harmful relationships with alcohol at this life stage. The workplace is a key site in which social connections are developed and maintained and therefore retirement can lead to experiences of isolation. The role of alcohol in our society as a facilitator of social connectedness can make alcohol use problematic during this life transition. The experience of spousal bereavement is also a feature of this stage of the life-course and can influence issues of loneliness and alcohol use for both genders.

The GCPH is also a co-investigator on a Scottish Universities Insight Institute-funded project, *Seannachies* (led by the Glasgow School of Art) which is capturing narratives of social connectedness, loneliness and social isolation in later years. The

work explores the narrowing of social worlds in the elder population as a consequence of both the physical and social dimensions of ageing.

6.2 Assets and resilience

The GCPH is currently undertaking work to illustrate asset-based working within mainstream service delivery. Within the case studies illustrated within this piece of work, a number of them are again working to tackle social isolation and loneliness with specific population groups. These services include the Learning Disability Local Area Co-ordinators, The Bridging Service, North West Recovery Communities and Cassiltoun Housing Association. This piece of work will be published in November 2015.

Glasgow Centre for Population Health, 12 March 2015.

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