Social Isolation surveys results

Introduction

Healthwatch Wolverhampton are the independent consumer voice in health and social care services. We collect feedback from residents of Wolverhampton about their experiences of using health and social care services and use that feedback to work with commissioners and service providers to influence improvements to services.

One of ways that feedback is collected is by undertaking focused projects as part of a work plan for each year. Social Isolation and Loneliness were identified as a project that was to be undertaken over a period of two years looking at different cohorts of people in Wolverhampton. People who were confined to the home; new mothers; and older people were identified as the three cohorts that were the focus of the project.

There has been a range a range of research carried out into what groups are likely to be lonely and the Jo Cox Commission on Loneliness brought together evidence from a range of sources on loneliness in the United Kingdom.

It found that 38% of people with dementia said that they had lost friends after their diagnosis (Alzheimer's Society quoted in Jo Cox) and more than 1 in 3 people aged 75 and over say that feelings of loneliness are out of their control. (Independent Age quoted in Jo Cox report). For 3.6 million people aged over 65, television is the main form of company. Half a million older people go at least five or six days a week without seeing or speaking to anyone at all. (Age UK, 2016- No-one should have no-one). There are 1.2 million chronically lonely older people in the UK. (Age UK, 2016).

Over half of parents (52%) said that they have a problem with loneliness . A survey by Mumsnet found that 59% of parents said that they felt lonely at playgroups. Relationships were found to change as a result of parenthood and Relate found that people with children under the age of 5 were more likely to report a poor relationship with their partner . Parents with a child under the age of 1, single parents, parents who are not in full time work or those with disabilities were more likely to report that they felt lonely . Anecdotal information from parents in Wolverhampton suggested that friendships change as a result of parenthood with old friends without children drifting away.

Experiences of loneliness impacted on individual's self-esteem and mental wellbeing.

Sense found that although people with disabilities are a diverse group loneliness is an experience that many disabled people have in common. 23% of disabled people say that they feel lonely on a typical day. 53% of disabled people report feeling lonely.

Methodology

The project used a mixed methodology in order to reach different cohorts. A survey was used to engage with people who are housebound with the survey being made available through a weblink on the Healthwatch Wolverhampton website and through a hard copy survey that was distributed with the assistance of care agencies and District Nurses in Wolverhampton.

New mothers were engaged with through focus groups and semi-structured interviews. Healthwatch Wolverhampton staff and volunteers attended four breastfeeding groups within Wolverhampton to carry out focus groups, but there was not always sufficient interest in taking part and in those cases, interviews were undertaken instead.

Focus groups were undertaken with older people as the final cohort of the project. There were three focus groups undertaken for this cohort across a range of different types of groups; one was for men with mental health and other complex needs; one was older people living in a sheltered housing scheme; and the final group was a mutual support group for people with dementia and their Carers.

As different methods have been used to engage with the different cohorts each one has been analysed and reported separately. Similarities between the findings from different cohorts have then been identified.

Findings

Survey for people who are confined to the home

There were **33 responses** to the survey which is small number of returns considering the number of people who are receiving nursing and social care in the City. Therefore, the responses are shown as counts rather than percentages. The responses should not be seen as a representative sample and they present a snapshot of the views of those individuals who took part rather than the wider population.

Respondents were asked how often they felt lonely and all **33 respondents** answered the question. The highest number **(15)** said that they were lonely on some days whilst four said that they felt lonely every day. Eight respondents said that they never felt lonely.


How often do you feel lonely?
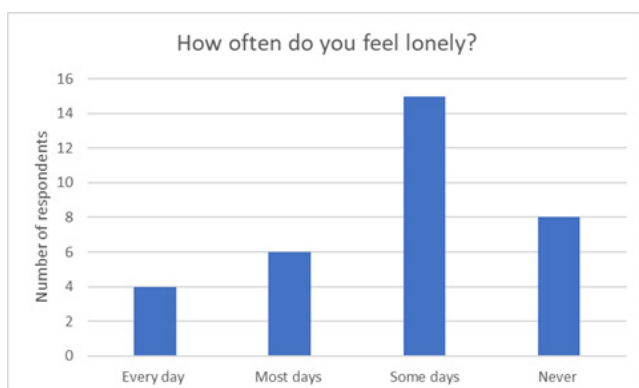
Respondents were then asked to rate the way that they felt with most respondents giving a neutral answer. However, three respondents said that they felt very lonely and nine that they felt lonely. Three respondents said that they were not lonely or not at all lonely.


How lonely do you feel?
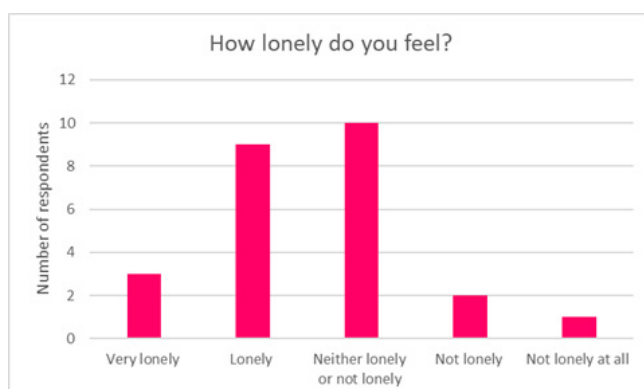
Respondents were asked if anyone had ever spoken to them about whether they felt lonely. **25** of the respondents said that nobody had ever spoken to them about being lonely and eight said that someone had spoken to them.

Has anyone ever spoken to you about whether you are lonely?
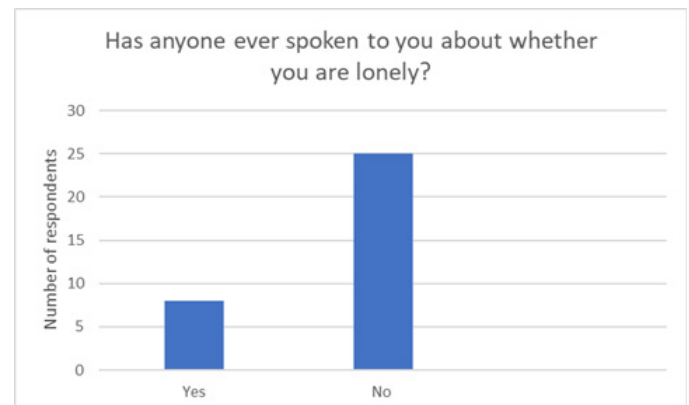
Those that said someone had spoken to them about being lonely were asked who had spoken to them. They were given a list of options that were made up of professionals such as carers, nursing staff and social workers. Two respondents each said that their carer, a nurse or social worker had spoken to them. One respondent chose 'other' and they said that their children had spoken to them about being lonely.


Who spoke to you about being lonely?
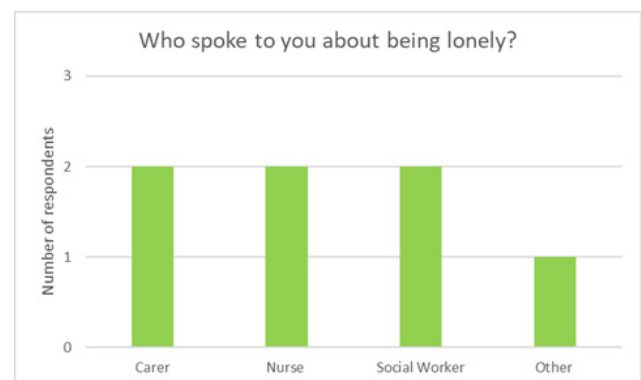
Only four respondents said that they had been offered any support to overcome loneliness with 25 saying that they had not been offered support.
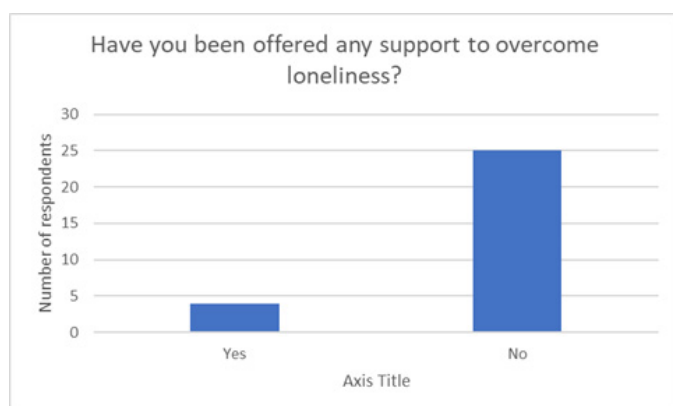
What support have you been offered?

Those that said that they had been offered support what they had been offered. Three respondents answered the question with one saying that their children stayed with them longer; another that social services had provided support and one that they had been offered support by the Beacon Centre.

How useful did you find the support?
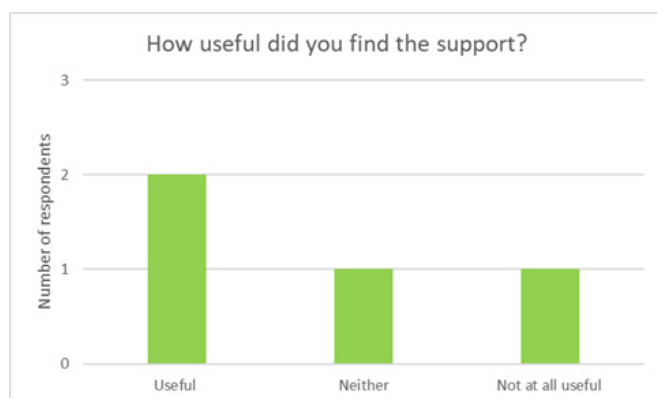
Although only three gave answers to what support they had been offered, four respondents answered the question about how useful they had found the support. Two said that it was useful, one gave a neutral answer and one that it had not been useful.

Types of services used

Respondents were asked if they had used any services such as befriending services. Only one respondent said that they had done so, with 31 saying they had not and one respondent not answering the question.
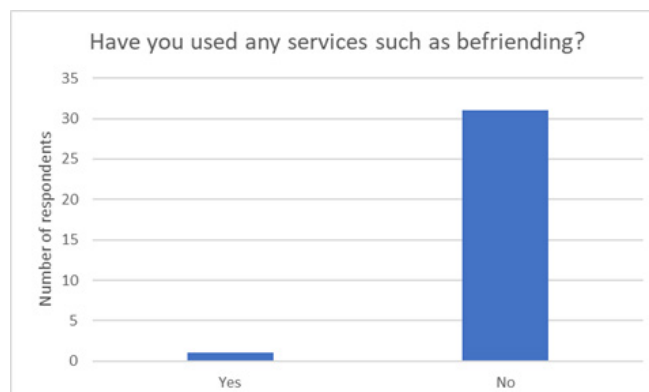
The one respondent who said that they had used a service such as befriending said that they had used H.A.R.P and that they had found out about the service through social services. However, they had not found the service to be very useful.

Respondents were asked what services they would use if there offered to them. Respondents were able to choose more than one option to this question. The highest number of responses (12) were for not using any of the services even if they were offered to them.

However, six respondents said that they would use fact to face befriending where someone came to their home if it was offered; two said that they would like support to go out on trips and one that they would like telephone befriending if it were offered to them. Three respondents gave other as an option however only one actually gave an option that was not already included on the list of options saying that they would like befriending by letter as well as face to face or by telephone.
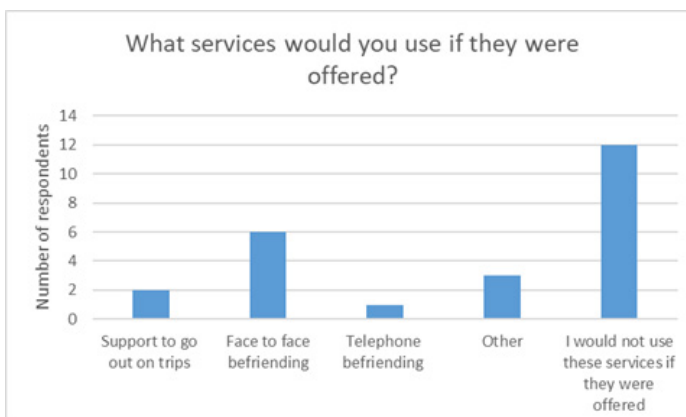
Respondents were asked an open text question about where they thought they would go to find out about services to help them overcome loneliness. There were only 13 responses to the question.

Three respondents said that they would ask their GP; one of these also said that they would ask the Civic Centre for information and another said that they would also ask their social worker for information. One said that they would ask the district nurses for information. One said that they *'wouldn't bother'* to ask anyone for information and seven said that they did not know where or who they would ask for information on services.

When asked what barriers there were to accessing services that could help to reduce loneliness, there were seven respondents who said that were no barriers. Others said that they *'don't know how to access them'* or that they *'wouldn't know where to look.'*

Others said that their *'poor mobility'* was a barrier to being able to access services to overcome loneliness.

For one respondent having *'no access to the internet'* and being unable to *'write'* was also a barrier to accessing services as they needed to *'use [the] telephone'.* For another a lack of *'confidence'* was a barrier to accessing services.

Respondents were asked an open text question on how being lonely had impacted upon them.

One respondent said that being lonely impacted on them *'emotionally'* and another said that it *'makes me feel a bit down at times.'* Another said that *'it would make me depressed if I couldn't get out and about'.* One respondent said that they had *'lost all confidence'.*

One respondent spoke about how they *'can't get out, can't do any gardening or shopping'.* Having something to do with their time was seen as a way of making sure that they were not lonely for one respondent who said that they were *'not lonely'* because they could *'always find something to do'.*

Having company from close family meant that one respondent did not feel there was any impact from being lonely, because they saw their *'sons weekly.'* However, one said that *'not talking to somebody such as my sisters, my daughter and my grandkids'* made them feel lonely. Another said that they felt the 'loss since [my] husband died' and that they *'don't go out.'*

One commented that being lonely impacted on their *'overall wellbeing'* and another that they *'hate the long dark nights coming up.'*
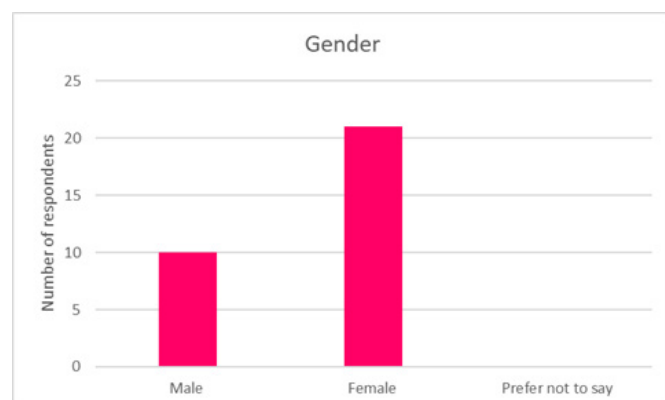
Demographics

Respondents were asked what postcode area they live in. The highest number said that they live in WV10. However, as the surveys were distributed through a care agency this may simply reflect that they distributed more in that particular area.
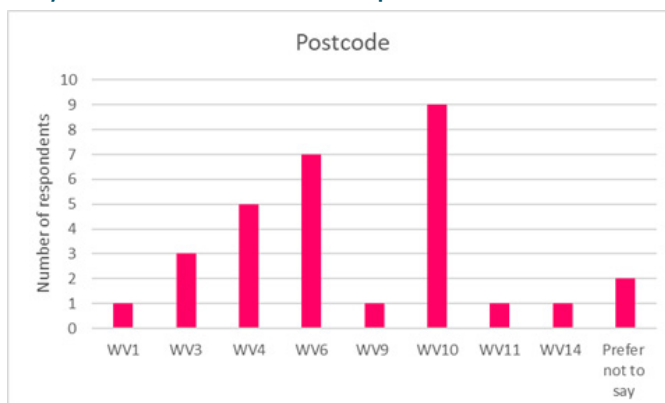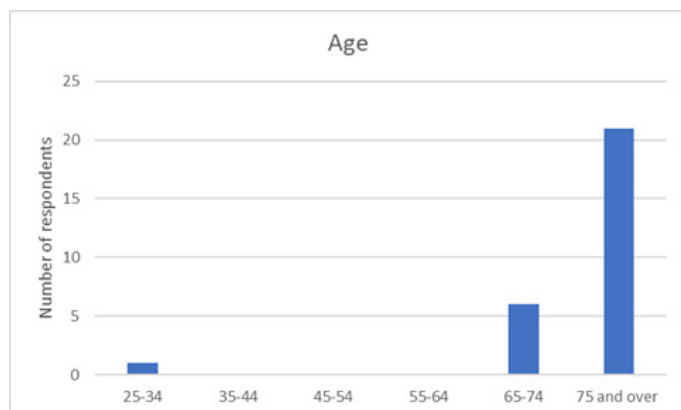

Gender

There were ten respondents who identified as male and 21 respondents who identified as female.
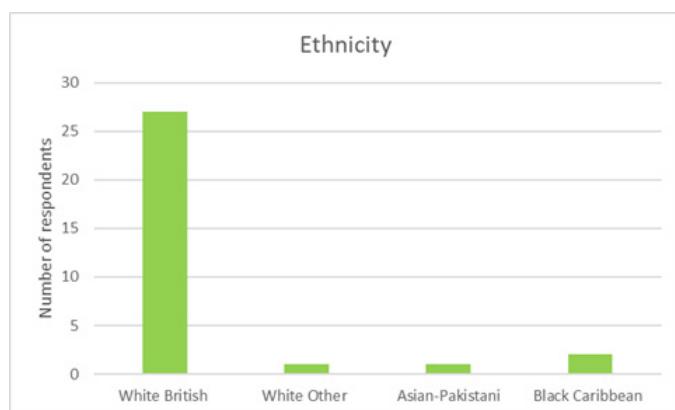
Age

The highest number of respondents were aged 75 years or over (21). However, there were six respondents aged between 65 and 74 years; and there was one respondent who was aged 25 to 34 years.
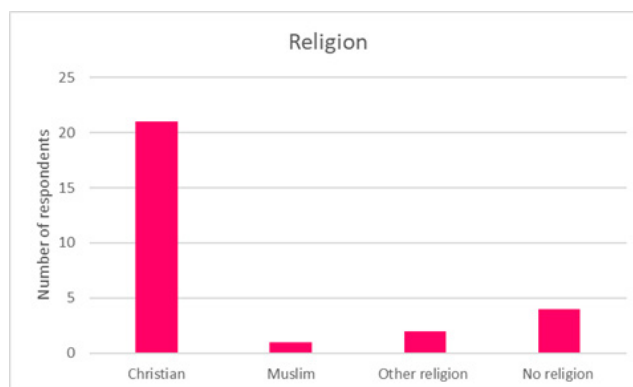

Ethnicity

The highest number of respondents (27) identified as being White British. Two identified as Black Caribbean; one as Asian Pakistani and one as being White Other.

Religion

Of those respondents who answered the question 21 respondents said that they were Christian, one said that they were a Muslim, four said that they had no religion and two chose 'other'.

New Mums and Social Isolation

Young new mothers have been identified as being at particular risk of loneliness and social isolation. It was intended that part of the social isolation work of Healthwatch Wolverhampton would have this group as a focus. Focus groups were the chosen method of engagement for this element of the project, however, there was low interest in taking part and some of the engagement was undertaken as interviews with individuals at the groups that were attended.

The mothers that were engaged with did not fall into the target group of new young mothers but did all have new babies with one having been a younger parent when she had had her first child. It was decided that the experiences of the mothers that did take part in the groups and interviews around loneliness were still valid even if they did not specifically reflect the experiences of younger mothers.

Family

For the participants in the project it was felt that having a baby had made them more involved and closer to their families. This was often due to siblings already having children and them being able to simply fit in with the children already in the family. One participant commented that *'If anything, a lot of my family have children as well, they would visit more'* whilst another commented on how having their own child had meant that *'we can properly get involved now we've got a little one.'*

Receiving parenting support from family members who already had children was also valued by participants. One participant commented that *'my sisters are older than me... they're very supportive.'*

One participant commented on how when she had had her first baby *'I was living with my parents, so that was a bit easier'* in terms of both company and support with a new baby.

Partner

Relationships with partners were considered to have changed but this was not viewed in a negative way by the participants. However, one did comment on how they felt that their relationship had changed because they were now financially dependent on their partner saying *'if you've been working, you've gone from earning your own money. You've got your independence and suddenly...'* whilst another said that partners *'have all the financial pressure often'* and that *'even if the Mum goes back to work ... they still feel under more pressure'.* It was commented that *'Dad's do feel left out and they feel pushed out.'* For one participant it was felt that the changes had an impact on men's mental health too and that this was not properly supported saying *'nobody ever asks about Dad.'*

The support from their partner was spoken about by one mother who commented on how when they had their second child *'me and my husband were in our own house and you are on your own. They go back to work and you are there and that's it.'* This was echoed by another participant who said *'he went back to work ... and I'm left with a baby. It's kind of what I do now. The same thing every day.'*

Mental health

Participants spoke about mental health support they received and the issues that they had had. One commented about having that *'they'd warned me about... the baby blues'* but despite that she had been *'convinced there was something wrong with me'* as *'I was sitting eating my dinner and I was just crying and things'* She said that *'the support that I used when I was going through that was my friends and I Googled it'.* Another participant told how they *'would walk into whatever appointment, do not ask me how I am doing ... I'm doing fine otherwise I would just cry.'*

However, it was felt that support was not always available when it was needed with one participant saying that *'I don't know if there is any mental health support group'* and another saying that *'if you have genuine problems such as postnatal depression and you need therapy you have to arrange child care yourself. Those appointments are not flexible, so if they said we can offer you an appointment, but it's at 2 o'clock in the afternoon, I'm sorry I cannot take it because my husband is at work.'*

Friends

Some participants felt that their friendships had changed. For instance, one participant commented that *'I was working, and I had friends who didn't have children. Who didn't particularly want to come round and sit with a baby.'* This meant that they had needed to *'suddenly find new friends'.* This was echoed by other participants who said that they had made new friends since they had had their baby. Another commented that there was a need to find new friends because *'until you find your tribe, your Mummy tribe, you are on your own.'*

There were other reasons as to why this was there was a need to find new friends. For one participant it was because *'we've moved to the area quite recently, so a lot of my friends, apart from friends at work, are friends I've made since becoming a Mum.'*

However, for some, although they had made new friends, they had remained friends with those that they had before they had their baby because they had babies around the same time with one participant saying *'all my friends from school who I've kept in touch with, we've all had babies this year, within a few months of each other.'* Another participant said that *'before I had my children I was adamant that it wouldn't change my work, my family, my friends'* and as a result *'with my friends for me it had stayed the same.'*

Hobbies and interests

When talking about whether they had managed to continue with their hobbies from before they'd had their babies, the experiences of the participants varied. There was commented by one that they *'would love to just go out and go on a run'* but that they *'haven't been able to do that.'*

For another participant, their interest had been in live music events and they *'still manage to do that because that is what I do for a living. But I've had to change the way I do that… I can't go to as many gigs as before.'*

Another said they had not really had a change in their hobbies as they had been 'determined' that there would not be a change for them because they had had a baby and that they had resumed their hobby.

The importance of groups

Groups were considered important by the participants as a source of social interaction and also parenting support with one participant saying that getting 'involved in a local playgroup' was valuable and that they *'have something in common with the other mothers by having that baby.'*

Participants spoke about breastfeeding groups that were available across the City with one commenting that *'the best thing is to use the breastfeeding groups by the NHS. They've got them all over Wolverhampton and they're free and friendly and things like that'.* However, it was also accepted that for those that were not breastfeeding their baby it was more difficult to access support with one participant saying *'there are some groups that are so pro-breastfeeding that anyone who isn't breastfeeding can feel excluded.'*

Toddler groups were spoken but again were not always suitable for those with babies with one participant saying *'of course they are built for Mom's with toddlers, so if you are there with a baby, you're just sat on your own, drinking tea and eating a biscuit whilst they sleep in a pushchair and that it is really hard.'*

One participant spoke about a walking group that they had used which was suitable for babies as the children had to be able to stay in a buggy. *'It wasn't until [baby] was six months old that we found toddle and waddle and the great thing about this group is that they are in their pushchair and you just walk. And so the act of walking is a big icebreaker for parents anyway. So that's a lot easier than just sitting and expecting people to come to you because they are not going to come to you.'*

One of the participants spoke of how they felt that some of the groups could be uninviting to new people with one commenting that *'all of these groups are really cliquey'.* Another commented that she had gone to groups with her partner before her female partner had returned to work, suggesting that there may have been some anxiety about going to a group alone for the first time. Another participant had experience of having been a relatively young parent when they had their first child and commented that *'young Mom's do have a very specific need. Especially around the whole way that other people are going to see you and that can be a barrier to actually going to any groups at all.'* She also said that she had recently found out about a young parents' group at the way and how that she *'would have loved that'* but she had found out about it 'by accident' and she was now too old for it.

Expense

The costs of attending groups was raised by some of the participants with one saying that *'cost is a barrier, often'* to being able to attend a range of groups although there were *'free groups to go to one every day if you knew about them'.* However, one participant said *'it's different now, with the first child there were a lot more groups. They had a lot more free groups. But now there's mainly just church groups on the go.'*

One commented that she was *'fortunate'* because she had *'disposable income, so I can pay for things'.* Those that did have money available were able to attend more varied groups such as *'baby sensory'* and other *'classes'* other than the free breastfeeding groups and church run playgroups.

Transport

Being able to travel to groups across Wolverhampton was also a consideration raised by some of the participants. Being able to access free groups could mean that there was a need to travel outside the immediate local area to a different part of the City with one participant saying *'obviously there are things... that are free but there's still the travel'* whilst another said that '*getting places, if you don't drive'* was a barrier to being able to access groups.

It was recognised by a number of participants that not being able to drive would change how they accessed activities with one saying that 'thankfully, I drive anyway. If I didn't drive it would be a bit tricky'.

Sources of information

When asked how they had found out about the groups and support that they accessed there were a number of sources. Information about breastfeeding groups generally came from health visitors, although information on anything beyond that was not generally obtained through a health visitor with one participant commenting that *'other things are things that I have found out about through the NCT or just looking online.'*

It was also clear from participants that a large amount of information came through *'word of mouth'* with one participant saying that 'once you go to a few playgroups they'll say *'oh have you tried this and have you tried that?"* whilst another said that if she had found a group she would *'pass it on to my neighbour as well to bring her granddaughter.'*

Participants spoke about finding support through social networks. One participant commented that there are also some '*fantastic support groups on Facebook'* and another participant told of how they felt supported using social media groups saying that *'at least you've got someone who is going through the same thing as you.'*

However, it was also pointed out that some of the groups on social networks, such as Facebook, were *'secret'* groups where participants needed to be *'invited'* to the group. One participant felt that *'the midwives don't even necessarily know that the group exists'* but that these groups were *'brilliant. You can put a message on any time of the day or night and someone will get back to you.'*

The Internet was also a source of information on groups to attend throughout Wolverhampton with one participant saying that they had found groups by *'just looking on-line'* and another saying that *'as long as you've got the internet as well, you can Google things. Because I was stuck for playgroups the other week I just went on Netmums and that showed me everything in our area.'* One participant mentioned that she had recently *'found an App'* for mothers in Wolverhampton that provided details of opportunities to meet with other mothers.

Older people

The third target group for this project were older people and the method of engaging with them was through focus groups. Three focus groups were undertaken with a range of different groups. These included a men's group where the participants had complex needs; a group of older people living in a supported housing complex and a support group for people with dementia and their Carers.

Although the groups that took part in the focus groups were diverse in their backgrounds, there were some similarities in the feedback that they gave, and these are detailed below.

Preference for own company

It was raised that it was not always the case that older people wanted to have company and that some people preferred their own company or to limit their social interaction to a frequency of their own choosing with one participant saying *'some people want to be left alone'* and another saying how they were *'alright on my own'.*

Impact on mental health

Participants said that they felt that being lonely could have a negative impact on their mental health with one participant saying that the *'lack of stimulation'* could lead to '*anxiety and depression';* whilst another said it could mean '*depression, feelings of being unwanted, suicidal thoughts' and that it could 'drive you to drink.'*

Conversely some also felt that how they felt mentally affected how lonely they felt with one participant saying 'your mood affects your loneliness.'

Importance of groups

The participants all felt that the groups that they attended were valuable in preventing social isolation for them. The groups were a source of mutual support for some of the participants and they felt there was a value to this for them with one group saying that they had *'become good friends'* from attending the group whilst a participant from another group said that members of the group helped to *'solve each other's problems'.* One participant told how the group was their *'only social contact'* since the warden had been removed from their housing scheme.

However, the point was made that there were fewer groups available as funding cuts meant that some groups had ceased to operate. One group was a church run group and it was felt by some participants that the Church were acting to fill gaps where there had previously been other mental health group provision with one commenting that *'many mental health services have closed and the Church have taken up the slack'.* Another group had started out as a funded and supported group provided by their social housing landlord, but the landlord had *'pulled out a while back' and 'we residents keep it going.'* Whilst they seemed to managing the group successfully organising day trips as well as meetings within the housing scheme, the felt the lack of the formal support that they had received in the past.

Mobility

For some participants a lack of mobility was seen as having an impact on whether they felt lonely and if they were socially isolated. One participant said that a *'lack of mobility'* meant that *'you are a prisoner'* with a comment that being in a first floor flat meant that *'only have the four walls to look at'.* Another participant felt that getting older meant that you *'can't get out anymore'* and this would mean that they were a more risk of becoming lonely.

Transport

A lack of transport was seen by some as being a barrier to being able to access social activity. One participant commented that *'having no car, I can't travel'* whilst another said that *'ring and ride'* was 'unreliable'. This means that there was a need to use taxis but these were *'expensive'.*

Expense

A lack of money was seen as a barrier to being able to socialise. One participant told how of their 'embarrassment' that they *'can't afford to go out'* whilst another said that *'money is an issue'* in being able to overcome loneliness.

Expense

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Family

Lack of family contact was seen as a reason why some people become lonely with *'no family around'.*

Families moving away and being busy were given as reasons why some people saw less of their families than they would perhaps like to have. One participant commented that *'families live at a distance and have busy lives'* whilst another said that 'family and friends move away and they are busy'.

One participant considered that gender could play a part in experiences of loneliness saying that they felt *'women are better at keeping in touch with friends, kids and family.'*

Conclusions

Common Themes

There are some common themes across all the cohorts that have taken part in the project.

Importance of groups

Both the new mothers and older people felt that the groups that they attended were important in reducing loneliness and social isolation.

It was talked about by both cohorts that the number of groups available to them had reduced. Both the new mothers and one of the older people's groups told how the Church was providing groups that were free and accessible and effectively filling gaps in provision that was funded in the past. For another group, the members of the group were now running the group themselves after funding and support had been withdrawn and whilst they were continuing with the group they felt the lack of support that they had received in the past.

Access to information

A lack of information on what is available was mentioned by each cohort. The lack of information was a barrier to people being able to access services that could help them.

For new mothers there was a sense that information from more formal channels such as health visitors was sometimes limited and online sources were a better way of finding out about groups and activities. The support that some had found through social media was also a seen as a valuable resource. However, for another group social media was not seen as a proper channel of social interaction and there was a level of distrust.

Mobility

For older people and those who are confined to the home, a lack of mobility was seen as a barrier to social inclusion. Being unable to leave the house without additional support that was not always available means that those with mobility issues were more likely to be socially isolated.

Cost

A lack of disposable income was seen as a potential cause of social isolation and loneliness by both the new mothers and some of the older people that gave feedback.

For some of the older people a lack of money meant that they felt unable to socialise with their friends and this meant that they lost connections. For the new mothers it was the cost associated with attending numerous different parent and baby groups and whilst those taking part in the interviews and focus groups did not have personal experience of not being able to afford the groups they did pinpoint that for those on a limited income this could be the case.

Access to transport

A lack of access to transport was also seen as being a barrier to social interaction. This was particularly the case for new mothers who spoke about how difficult it would be to access groups at locations around the City if they lacked their own transport.

Older people also said a lack of transport could be a barrier and the cost of using taxis meant that travelling to social activities became too expensive.

Family

Family were seen as important to help prevent social isolation and loneliness across all of the three cohorts in the project. A lack of good family support was viewed a reason why people became isolated with families being seen as being too far away or too busy to spend time with the individuals who may be isolated.

Lack of confidence

A lack of confidence was viewed as a reason why people could become lonely and isolated as they were less likely to take part in social activities. It was also seen as being caused by social isolation and loneliness, therefore, perpetuating a cycle of isolation.

Cohort Specific Concerns

There were some issues that were raised that were specific to that cohort. For instance, those that were confined to their home had specific needs that could not be met through the provision of groups as they are often unable to get there. For those, the provision of befriending services was important, with face to face befriending being preferred over telephone befriending.

For new mothers being able to access online support and social networks was a specific need, where more information being available from sources such as health visitors would be beneficial. However, the use of social networks was not seen as being beneficial by all of the cohorts.

For one of the older people's groups where the participants had complex needs, there was a sense that there was a specific need for groups that would welcome them as more mainstream provision may not be appropriate to meet their needs.

Recommendations

Information

For all of the groups that took part in the project having more information on what was available to them to help reduce experiences of loneliness was important. The professionals that they interact with should be equipped with information on statutory and voluntary provision. Information should be available in a range of formats including leaflets and online resources.

Groups

The provision of peer support and social groups was important to both new mothers and older people. For both cohorts it was felt that the number of groups had reduced and that they were not always as easy to find. It is recommended that existing groups are identified and mapping takes place to identify where there is a need for greater provision. Consideration should be given to how additional groups can be provided either through statutory or voluntary sector provision. It is also recommended that following mapping of existing groups a directory is produced that can be accessed by the public and professionals of provision that is available.

Transport

A lack of transport was a barrier to some of the participants or, was seen as a potential barrier if they were unable to access transport. Having local activities that people can attend without needing to travel far would be helpful to many participants.

Additionally, ensuring that potential service users are aware of local transport initiative that they can access is recommended. This includes voluntary provision by particular interest groups.

Befriending services

The cohort of participants who were housebound were asked about befriending services and they indicated that befriending services could help to alleviate loneliness and social isolation. However, services that were simply telephone based would not meet the needs of all respondents.

Therefore, it is recommended that a range of befriending services be provided that are able to deliver face to face befriending as well as telephone based befriending services.

Individual support

For some participants there was a need for individual support to be able to go out of the home and meet other people. This was not always available to those who said that they needed it. Therefore, it is recommended that social care provision for those who are housebound should include support to go out on social activities where it is required.

Involvement of professionals/assessing loneliness

The participants in the project gave varying responses as to how involved professionals had been in assessing if they were lonely and the support that they received as a result. There is a role for professionals such as social care workers, social workers, health visitors and medical professionals who come into contact with people at risk of social isolation in assessing if individuals are at risk of loneliness. Additionally, professionals should be able to provide information and signposting for those individuals who are seen as being at risk of social isolation to services that can support them.