Needs Analysis:

Loneliness and Social Isolation in Reading

Prepared for and on behalf of
Reading Loneliness and Social Isolation Steering Group

March 2018

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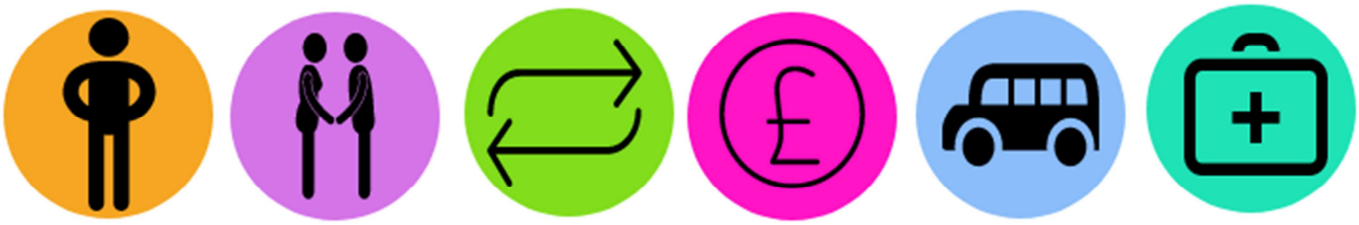
COMMON THEMES



Age | Living alone | Life events | Income | Transport | Health

Age

Although loneliness and social isolation are important issues for people in older age groups, local and national survey results indicate that other age groups are also affected. As well as those of older age, those of older working age and young adults may also be at risk.

Most older people in Reading live in neighourhoods in the North and West of the Borough (Peppard, Thames, Mapledurham, Kentwood, Tilehurst and Southcote). Higher numbers of those in older working age groups also live in these areas, as well as neighbourhoods around Whitley and Park wards in the South. Young adults are more likely to live in more central areas, including those adjacent to the University of Reading.

Living alone

Positive relationships with family, especially with a spouse or life partner, are protective against loneliness. Local and national survey results suggest that those living alone were more likely to report loneliness.

Most people living alone in Reading live in in areas around the town centre, including adjacent to the University of Reading. About three quarters of these reported being single and never married. The largest numbers who reported their status as separated or divorced lived in Abbey, Whitley and Norcot wards and the largest numbers of widowed people lived in Tilehurst, Peppard and Southcote.

Life events

Key transitions in people's lives appear to increase the risk of both loneliness and social isolation. This could include changes in relationships, changes in health status, or a change that affects the person's role or sense of identity such as retirement, bereavement or becoming a parent. There is some evidence that for many people this may be a transitory phase after which they are able to enlarge or improve the quality of their network of relationships and 'recover' from loneliness in due course.

Although these experiences are difficult to quantify locally, it is notable that Reading's 2017 survey of residents found that those who had lived in the area for a relatively short amount of time appeared more vulnerable to loneliness than those who had been resident for longer. Reading has a relatively young and transient population, including a substantial student population and high rate of international immigration. While moving to Reading should not be the only life event considered, this may be an event likely to be experienced by the local population.

Some commentators make the point that those in older age may be more likely to have been affected by significant life events, especially bereavement.

Income

Evidence from the English Longitudinal Study of Ageing (ELSA) suggests that wealth is the factor with the strongest correlation with loneliness. Reviews discuss both practical constraints resulting from lack of income and wider social exclusion associated with deprivation and lack of social resources and support.

Reading has key areas of high deprivation found:

- in the far south of Whitley ward and Northumberland Avenue area
- throughout Abbey ward and around the town centre
- around Dee Road in Norcot ward
- around Coronation Square in Southcote ward; and
- around Amersham Road in Caversham ward.

Transport

Lack of affordable transport and access to local facilities were highlighted as potential barriers to social connectedness and to maintaining relationships with others, but researchers found it difficult to assess impact. As people who are more inclined towards social participation may be more likely to live near a busy community or a regular bus route than those who are not, it was impossible to determine whether higher levels of social participation were the result of the bus route or of personal preference.

Deprivation related to geographical barriers (access to shops, post office, GP surgery and primary school) in Reading appears to mainly affect areas in the North and West of the Borough, as well as some areas around Coley and Whitley.

Health

While there is agreement that poor health contributes to the risk of loneliness and social isolation, it is more difficult to determine how the two are connected. Age UK warn against the assumption that those with health conditions necessarily have less social interaction than others and suggest that health conditions may combine with other factors to make social interaction more difficult. Some research participants spoke about management of health issues leaving them feeling drained of energy, or of feeling like a burden or inconvenience to other people. More work may be useful to understand how different health conditions may affect loneliness and social isolation differently.

In Reading, residents in the North of the Borough and around Kentwood and Tilehurst were more likely to report being in 'very bad health', while those in the South and West of Reading were the most likely to report 'bad health'. The indices of multiple deprivation for health deprivation and disability suggest worst health in the South of the Borough, particularly in most deprived neighbourhoods.

WHAT WORKS?

Working with communities to promote strong social networks and connection with community

Interventions to help people understand how to maintain and extend their social network, usually in groups but also one-to-one

Importantly, identifying existing services and their impact on social connectivity and prevention and reduction of loneliness

SUMMARY

Becoming lonely or socially isolated is a complex process affected by a range of interrelated factors. Individuals may be at greater risk if they:

- are single (have no current spouse of life partner)
- have recently experienced a significant change to their life
- are impeded by practical barriers (a health problem, transport, lack of time or energy)
- lack economic or social resources.

Older people or older working age people may be more likely to meet these criteria, as they are more likely to have experienced bereavement or divorce, and local survey results indicate that a recent move to the area (meeting the criteria for a significant change) may be a particular risk in Reading.

Introduction

In 2010, the influential 'Marmot Review' found evidence that loneliness and low levels of social integration had a negative effect on mortality. This review concluded that the effect appeared to be greater on rates of mortality than on the risk of developing a disease. The implication was that strong social networks may not prevent illness, but may help people to manage or recover from illness. Since then, however, a body of research has established that both loneliness and social isolation are independently associated with increased risk of mortality (Holt-Lunstad, 2015), increased risk of some health conditions including cardiovascular disease and dementia, and also with higher rates of smoking, lower levels of physical activity and other behaviours which put people's health at risk (Shankar, McMunn, Banks and Steptoe, 2011; Pettite et al, 2015). Social networks and social participation have been shown to act as protective factors against dementia and cognitive decline in those aged 65 and older, with longitudinal data suggesting a link between decline in cognitive function and worse recall and reported social isolation and feelings of loneliness (Shankar et al, 2011; Marmot, 2010).

Defining Loneliness and Social Isolation

While isolation and loneliness are often linked, they should be understood as separate concepts. Published literature and best practice guidance emphasise the distinction between the two, highlighting the need for different approaches and solutions, and different risks and outcomes. The multi-agency 'Campaign to End Loneliness' considers isolation as a risk factor for loneliness, and a separate concern requiring a more practical set of solutions than addressing loneliness directly. Definitions of social isolation tend to take into account the number and frequency of social contacts, and whether that contact is regular and meaningful and goes beyond basic social interaction. Definitions of 'loneliness' describe someone's subjective experience of distress related to lack or deficiency of social relationships (PHE, 2015; Zavaleta, Samuel and Mills, 2014; Age UK, 2015). There is no clear understanding of how social isolation precipitates loneliness. Amongst respondents to Wave 5 of the English Longitudinal Study of Aging (ELSA) more than a quarter of those who reported the highest possible scores on loneliness were among the least isolated. (https://www.ifs.org.uk/conferences/AShankar_ELSA_Presentation.pdf).

Some key distinctions are set out below:

Table 1: Social Isolation and Loneliness

	Social Isolation	Loneliness
Description	• Objectively measurable small number of instances of contact with other people (Wilson, 1987; Delisle, 1988; Hortulanus, Machielse, Meeuwesen, 2006) • Objectively measurable lack of relationships with other people that go beyond a basic form of interaction (Wilson, 1987; Delisle, 1988; Hortulanus, Machielse, Meeuwesen, 2006)	• An emotional response to the absence or deficiency of personal relationships (Weiss, 1973; Young, 1982; Perlman and Peplau, 1981, de Jong Gierveld, van Tilburg and Dykstra 2006). • Can be subdivided into 'emotional loneliness' (the absence of a particular individual, for instance following bereavement or the breakdown of a

	Social Isolation	Loneliness
	• Lack of interaction with key institutions and networks in community (Hortulanus, Machielse, Meeuwesen, 2006; Minnesota Department of Health, 2010; Biordi and Nicholson, 2013).	relationship) and 'social loneliness' (the lack of a social network and friends) (Weiss, 1973; Age UK, 2012 *the state we're in*). • Can be transient – people may feel lonely at certain times of the day or week, or for relatively short periods in their lives (Age UK, 2012; Victor, 2003)
Measurement	• Measures of isolation tend to involve counting number of times a person has spent time with another person • Adult Social Care users' and Carers' surveys ask whether respondent has as much social contact as they would like • Duke Social Support Index (DSSI-10) asks about number of times spent time with other people, or speaking with other people on the telephone, as well as quality of relationships with family and friends (Wardian et al, 2013).	• Typically measure feelings and perception at a given point in time • Validated tools use self-report usually using a Likert scale • Responses may be affected by positive or negative language, whether collected in face-to-face interviews, through online or paper surveys or over the phone. (Age UK, *Measuring your impact on loneliness in later life*).
Impact on health. Many r*eviews demonstrate an impact, but in some cases it is not possible to distinguish between Loneliness and Social Isolation (authors use 'social relationships' or consider the two together).*	• All-cause mortality (Holt-lunstad et al, 2010) • Cardiovascular disease (Valtorta et al, 2016; Leigh-Hunt et al, 2017) • Dementia and cognitive decline (Kuiper et al, 2015) • Depression and poor wellbeing (Parsons, 2016).	• A 2015 systematic review finds that loneliness is associated with or affects the outcomes of a wide range of chronic conditions including heart disease, hypertension, stroke, obesity, diabetes and lung disease (Pettite et al, 2015). • Cardiovascular disease (Valtorta et al, 2016) • Dementia and cognitive decline (Kuiper et al, 2015) • Depression and wellbeing (Parsons, 2016).
Mechanisms *Commentators suggest more understanding needed about mechanisms.*	• Stress buffering – social relationships provide resources (information, emotional, and tangible) that promote positive responses to illness, life events, and life transitions • Main effects – social relationships encourage or model healthy behaviours. Being part of a social network associated with conformity to (healthy) social norms (Holt-Lunstad et al, 2010; Age UK, 2012) • Some evidence suggests that socioeconomic factors explain part of the association between social isolation and disease Elovainio et al, 2017; PHE, 2015.) Those living in the most deprived areas report the lowest levels of social support (Marmot, 2010).	• Evolutionary – loneliness is a biological mechanism that promotes social contact and relationships in human beings (Age UK, 2012; Cacioppo et al, 2014.)

Our Approach to Assessing Local Needs

A number of commentaries have been published in recent years that provide an overview of evidence on loneliness. Each describes a variety of risk factors, many of which are complex and likely to be related to one another, but there is no firm consensus about which individuals are likely to become socially isolated or lonely. This Needs Analysis summarises the most common themes from six commentaries published between 2012 and 2016 and discusses how risk factors in each of these themes may affect the residents and communities of Reading.

The Steering Group recognises that some populations may be disproportionately affected, either because of the risk factors described here or for other reasons not reflected in the commentaries used, and will continue to develop understanding of local needs through in-depth research and local consultation.

Most of the sources cited below are concerned with loneliness, taking the perspective that social isolation is a factor that predicts loneliness. However, it is important to remember that social contact is itself a protective factor not only against loneliness, but against some common health conditions, particularly cardiovascular disease and dementia, and premature death.

The frequency with which common themes appeared in the commentaries is set out below. Further information on each theme, including its impact for Reading residents and communities, is set out in the following pages.

Table 2: Common Themes

Publication Title	Factor					
	Age	Living alone	Life event	Health	Socioeconomic status or income	Transport and infrastructure
Age UK. Loneliness and Isolation Evidence Review, 2012	✓	✓	✓	✓	✓	✓
Cooperative and British Red Cross. Trapped in a Bubble: An investigation into triggers for loneliness in the UK. 2016			✓	✓	✓	✓
PHE, Reducing social isolation across the life course, 2015					✓	✓
Age UK, Loneliness – the state we're in. 2012	✓	✓	✓	✓	✓	✓
Gloucestershire County Council, Loneliness and social isolation in Gloucestershire, 2016		✓	✓	✓	✓	
Local Government Association, Combatting loneliness, 2016.	✓	✓		✓	✓	
TOTAL	*3*	*4*	*4*	*5*	*6*	*4*

Age

There is widespread acknowledgement that the majority of existing research is focused on loneliness and social isolation experienced in older age groups, and some suggest that more needs to be done to understand experiences of loneliness and social isolation in younger age groups. Victor et al's (2009) citing of the results of the European Social Survey 2006/7 is used in a number of reports to illustrate that other age groups may also be at risk (Table 3). Although equivalent survey data from other or longer time periods is not available for comparison, results from the UK National Wellbeing Survey in 2017 show a similar pattern for older working age groups reporting the highest loneliness (Table 4). Banks et al (2006) also reported similar findings in the first results from the ELSA, with those respondents in their 50s' and their 80s' appearing to be the most vulnerable to loneliness.

Table 3: European Social Survey, 2006/7

Age Group	Lonely almost all of the time	Lonely most of the time	Total of almost all and most of the time	Lonely some of the time	Never or almost never lonely
≤25	2.3	5.7	**8.0**	28.8	63.3
25-34	0.9	3.8	4.7	26.6	68.8
35-44	2.3	4.3	6.6	22.1	71.4
45-54	2.8	2.5	5.3	21.7	73.0
55-64	3.1	6.4	**9.5**	21.1	69.5
65-74	5.3	3.6	8.9	19.7	71.4
75+	5.7	6.5	**12.2**	28.3	57.5

Source: Cited in Victor, 2011

Table 4: National Wellbeing Survey, 2017

Age	Feelings of loneliness often or always
16–24	**5.09**
25–34	4.20
35-44	3.04
45–54	3.34
55–64	**4.58**
65–74	**4.41**
75 +	3.95

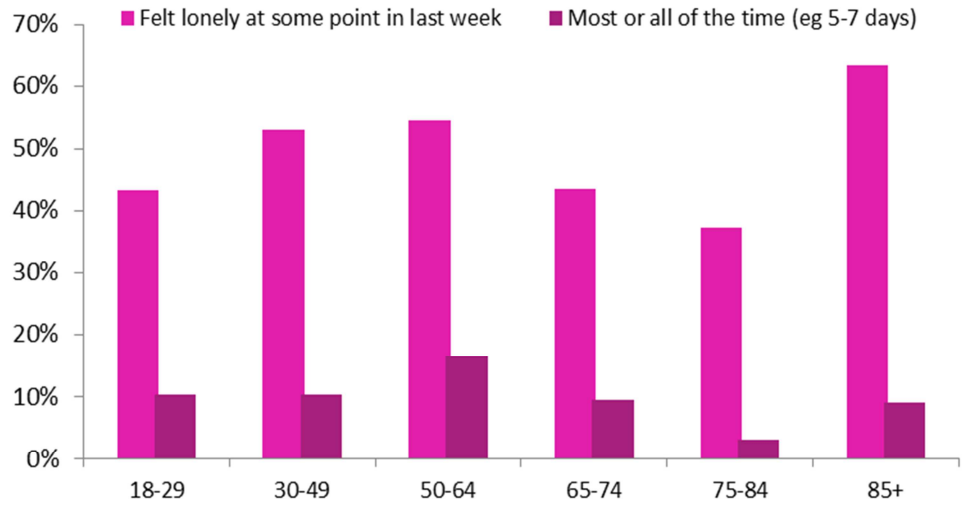
Source: Community Life Survey, 2017

Age UK note that two important studies into ageing in the UK have identified loneliness and isolation as key themes. Both the Growing Older (GO) project and the English Longitudinal Study of Ageing (ELSA) discuss the high prevalence of loneliness amongst older people, with some results from the ELSA indicating increasing isolation in very old age (those aged 85 and older). However, studies that identify older age as a risk factor for loneliness and social isolation also describe greater prevalence of poor health and mobility amongst older people, and the higher likelihood of having experienced bereavement or the accumulation of other

significant life events. These other factors, rather than age itself, may be more accurate predictors of risk.

A survey of Reading residents carried out in 2017 also suggested that those aged 85 or older and 50-64 were the most likely to report feeling lonely (figure 1). The Reading results may have been affected by under-representation of 18-29 year-olds.

Figure 1: Reading residents who feel lonely by age



Source: Reading Voluntary Action (RVA) 2017

2011 census data indicates that the greatest number of people aged 45-59, those 65 and older and those aged 85 and older appear to live in the North and West of Reading Borough, particularly neighbourhoods in Peppard, Thames, Mapledurham, Kentwood, Tilehurst and Southcote. There were also a high number of older working age residents in neighbourhoods in Whitley and Park wards. See figures 2 and 3.

Figure 2: Residents aged 65 and older by Reading LSOA

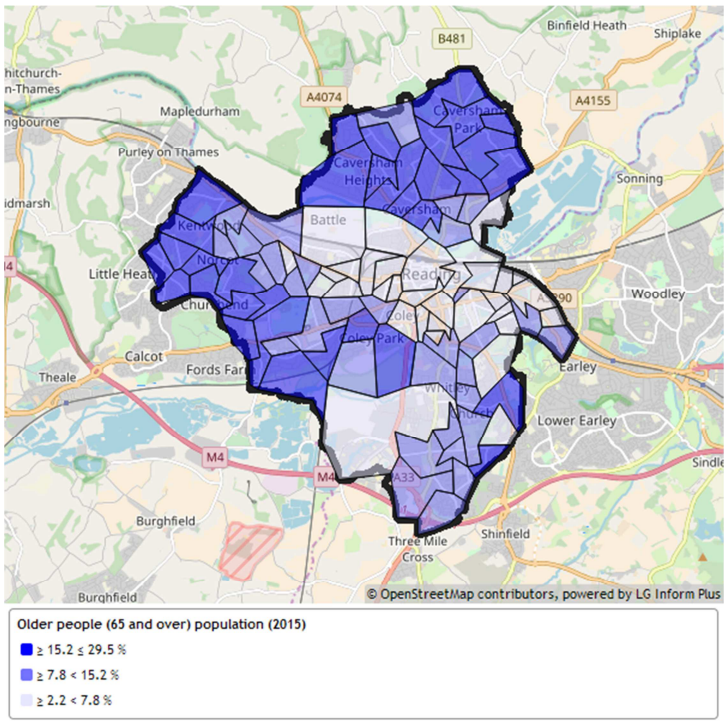
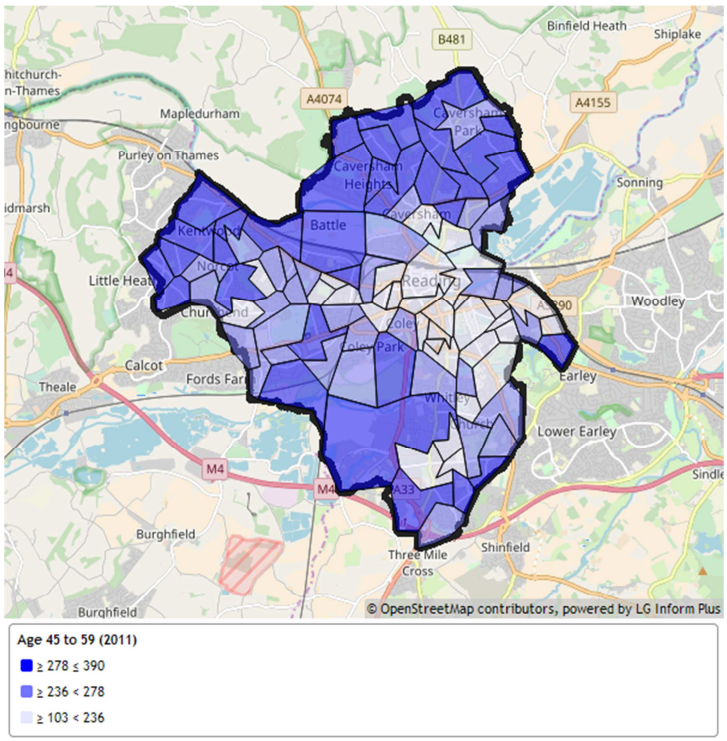


Figure 3: Residents aged 45-59 by Reading LSOA



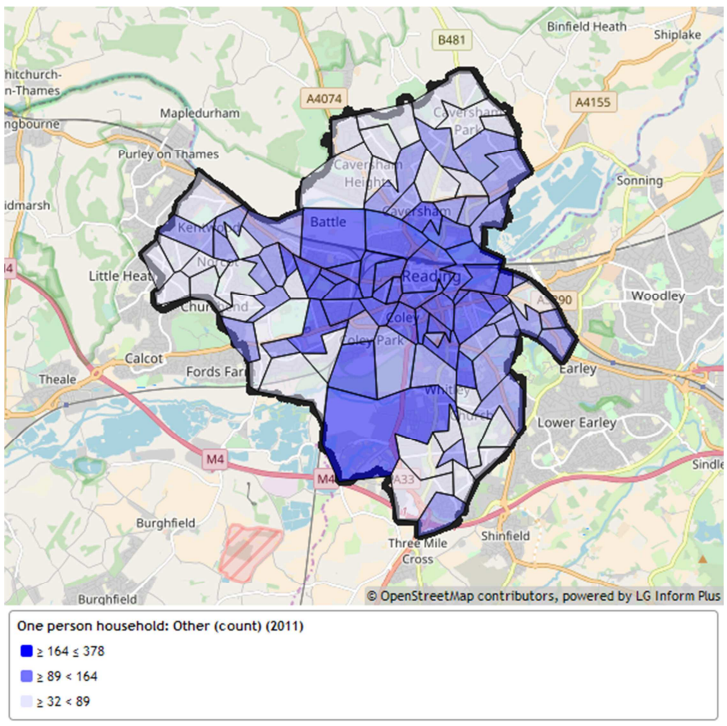
Living alone

The evidence associating living alone with loneliness and social isolation is largely based on correlation between marital (or relationship) status and loneliness. Age UK cites an article referring to a 2008 longitudinal cohort study carried out with participants in the USA which found that positive relationships with partners were protective against loneliness. A review of the evidence by the Local Government Association and a review of the literature conducted as part of a needs assessment in Gloucestershire cite research conducted as part of the ELSA that suggests that people living with people other than their families and those living alone reported the highest levels of social exclusion (Parsons, 2016) and Age UK's evidence review cites an earlier ELSA finding that respondents who were not married were much more likely to report loneliness (Banks et al, 2006).

In Reading, 129 people who responded to a residents' survey reported that they lived alone – about a third of all respondents who reported their home circumstances. Although the number of times they reported spending with other people was similar to all respondents, a greater proportion reported feeling lonely.

2011 Census information indicates that there were 19,237 one-person households in Reading in 2011, most of which were located in neighbourhoods in the centre and to the South of Reading (see figure 4).

Figure 4: One person households in Reading by LSOA



Following a similar trend, the largest numbers of those reporting their marital status as single (never married) were resident in areas near to the town centre. The wards with the largest

number of people who reported their status as separated or divorced were Abbey, Whitley and Norcot, and the largest numbers of widowed people lived in Tilehurst, Peppard and Southcote. These figures are likely to be linked to the age of respondents. Those living alone and never married are more likely to be aged 30 years or younger, and those living alone and previously married were more likely to be aged 70 years or older (Office of National Statistics, 2017). Trends by ward will reflect categories of housing available in the area.

Table 5: Marital status by ward

2011 ward	All usual residents aged 16+	Total single households	Single (never married/civil partnership)	Married or civil partnership	Separated or divorced	Widowed
Abbey	10,940	7,143	5,798	3,797	1,074	271
Battle	8,465	5,265	4,011	3,200	980	274
Caversham	7,642	4,539	3,241	3,103	888	410
Church	8,584	5,776	4,576	2,808	760	440
Katesgrove	8,385	5,667	4,712	2,718	736	219
Kentwood	7,562	3,900	2,611	3,662	807	482
Mapledurham	2,430	849	519	1,581	161	169
Minster	8,319	5,112	3,625	3,207	990	497
Norcot	7,835	4,581	3,100	3,254	995	486
Park	9,039	5,612	4,689	3,427	648	275
Peppard	7,679	3,437	2,085	4,242	785	567
Redlands	8,638	6,331	5,449	2,307	600	282
Southcote	6,814	3,713	2,315	3,101	858	540
Thames	7,382	2,781	1,847	4,601	518	416
Tilehurst	7,271	3,451	2,089	3,820	788	574
Whitley	8,597	4,966	3,494	3,631	1,043	429

Life events

Key transitions in people's lives appear to increase the risk of both loneliness and social isolation. This could include changes in relationships, changes in health status, or a change that affects the person's role or sense of identity such as retirement, bereavement or becoming a parent (Cooperative and British Red Cross, PHE; Victor, 2003; Age UK). Cooperative and British Red Cross describe how participants experienced upheaval in their day-to-day routines and casual social connections. Gloucestershire's Needs Analysis particularly focuses on the impact of bereavement, highlighting research into the physiological and emotional effects of bereavement (Parsons, 2016). Age UK's report for the Campaign to End Loneliness (Age UK Oxfordshire, 2012) suggests that for many this may be a transitory phase and that some of those who suffer loneliness after a significant event may enlarge or improve the quality of their network of relationships in response and 'recover' from loneliness in due course. The report also discusses how existing social relationships may affect a person's resilience to such events (see Table 1: Social Isolation and Loneliness for a description of the role of 'stress buffering').

Although these experiences are difficult to quantify locally, it is notable in this context that Reading's survey of residents found that those who had lived in the area for a relatively short amount of time appeared to be more vulnerable to loneliness than those who had been resident for longer. The survey also reported that lack of knowledge about the local area was associated with living in the area for a relatively short amount of time and that this was more likely to affect younger people. Reading has a relatively young and transient population, including a substantial student population and a high rate of international immigration. While moving to Reading should not be the only life event considered, this may be an event that is likely to affect the findings into loneliness and social isolation as experienced by the local population.

As mentioned above, some commentators make the point that those in older age may be more likely to be affected by significant life events, especially bereavement. As those experiencing greater levels of deprivation may have lower resilience to these stressors, it may be useful to combine these factors for an understanding of which populations may be more likely to be affected.

Income

Every resource consulted highlights the link between wealth and social status and resilience to loneliness and isolation. Age UK's evidence review cites early findings from ELSA (Banks et al, 2006) that suggest that wealth has the strongest correlation with loneliness of any factor. The report also suggests that there may be different patterns of relationships between age and loneliness in different wealth categories, with a more linear pattern (loneliness increases with age) in those with low income than seen in the whole population.

Research by the Cooperative and British Red Cross described participants' experiences of not having money to spend on social purchases that were non-urgent (drinks, a meal in a restaurant, a cinema trip or an exercise class) and how this created a barrier to engagement.

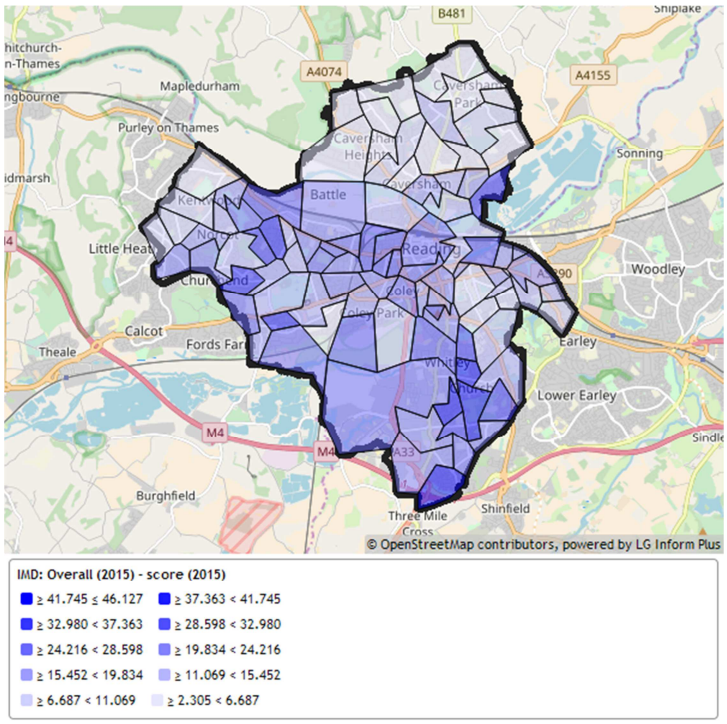
While this suggests that lack of income itself may create a practical barrier to social participation, Age UK Oxfordshire's report for the Campaign to End Loneliness describes how low income can contribute to a 'web of social exclusion' or of *systematically becoming disengaged from wider society*. Detachment from the labour market and social networks, and lack of political and cultural influence has been linked with poorer health (Popay, Escorel, Hernandez, Johnstone, Mathieson and Rispel, 2008; Piachuad, Bennett, Nazroo, and Popay, 2009). 'Ageing in place', or remaining in the same neighbourhood as you grow older, may make older people more vulnerable to lack of consistency or changes in communities where turnover of population, institutions, services and infrastructure is rapid (Scharf, Phillipson, and Smith; 2005). PHE's report into social isolation and loneliness across the lifecourse (2015) cites a finding from the Marmot review (2010) that found that those living in the most deprived areas of the UK were more likely to lack adequate social support that those in the most affluent areas and suggests that low income may reduce ability to participate in social networks.

Key areas of high deprivation in Reading are found:

- in the far south of Whitley ward and the Northumberland Avenue area in the south of the borough;
- throughout Abbey ward and around the town centre;
- around Dee Road in Norcot ward;
- around Coronation Square in Southcote ward; and
- around Amersham Road in Lower Caversham.

(See figure 5 below).

Figure 5: IMD deprivation by Reading LSOA



Transport

Age UK discuss the contribution that lack of practical help, such as access to local facilities and transport provision, can have on social isolation, but treat these as interventions to prevent or reduce loneliness. By contrast, the Cooperative and British Red Cross research describes a lack of transport infrastructure as a barrier to maintaining relationships with friends and refer to associated costs.

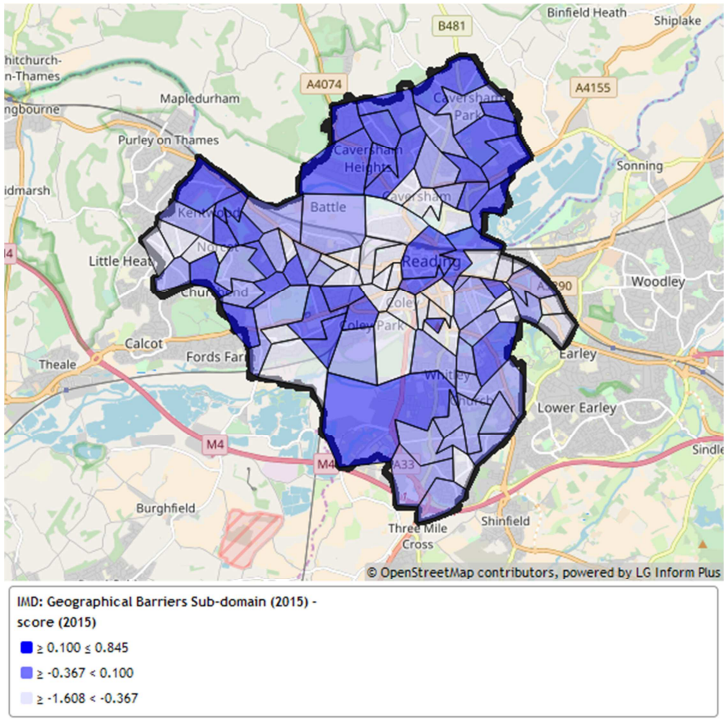
PHE highlight some commentary on the effects of the home environment and the impact on traffic, access to transport and the built environment on health and social exclusion. The evidence cited describes a number of ways in which these factors can influence social participation, but also the difficulty of assessing impact. For example, people who are more inclined towards social participation may be more likely to live near a bus route or a lively community than those who are not. This makes it difficult to determine whether increased social participation is the result of the bus route or of something more difficult to identify and quantify.

There is some evidence that traffic volume and severance (where a neighbourhood is split by a busy road) is likely to affect social interaction (Davis, 2012) and initiatives such as 'Healthy Streets' focus on connecting communities and helping people to feel safe and relaxed (Transport for London, 2017).

29% of respondents to the Reading survey on loneliness and social isolation (RVA, 2017) who said they felt lonely at some point reported that transport was a barrier to social participation. However, almost half of these reported that this was related to a lack of confidence, physical mobility problems, or fear of crime, and a fifth reported that the cost of taxis was an issue. While a majority reported that they had no car available to them (49% of those who felt transport was a barrier), there were no comments on the availability, suitability or cost of public transport.

Deprivation related to geographical barriers (access to local shops and post office, GP surgery and primary school) in Reading appears to mainly affect neighbourhoods in the North and West of the Borough (See figure 6 below).

Figure 6: Geographical Barriers (IMD 2015) by Reading LSOA



Health

Physical and mental health are also widely cited as factors affecting loneliness and social isolation, but while survey and longitudinal research data indicate a relationship (Victor and Bowling, 2011; Victor and Yang, 2011), it is more difficult to determine how they are connected. In their review of evidence for the Campaign to End Loneliness, Age UK warn against the assumption that people with health conditions necessarily have less social interaction than others. They suggest that health conditions may combine with other factors in ways that make social interaction more difficult. For instance, those with existing health conditions may be more impeded if they were living in a rural area with little access to social resources, or experiencing symptoms of depression. Research by Cooperative and British Red Cross suggests that participants found that management of health issues was a drain on their time and energy and that specific health conditions made it difficult to continue with social activities and hobbies. Some participants spoke about being seen as a burden or an inconvenience to their friends. Gloucestershire County Council's review of the literature notes that some research has suggested that those who had a long-term health condition and lived in a deprived are were more likely to experience loneliness (Parsons, 2016). More work is needed to understand how health status, including having a disability or learning disability, may affect loneliness.

Respondents to the 2011 Census were asked to rate their health as 'very good', 'good', 'bad' or 'very bad'. Most respondents reported 'good' or 'very good' health and, in general, people living in more deprived areas, living in overcrowded accommodation, and working in routine occupations were the most likely to report 'bad' or 'very bad' health (ONS Digital, 2013). In Reading, most of those who reported that their health was 'very bad' lived in the North of Reading and around Kentwood and Tilehurst wards. Residents in the South and West of Reading were the most likely to report 'bad health' (see figures 7 and 8).

Figure 7: Very bad health (Census 2011) by Reading LSOA

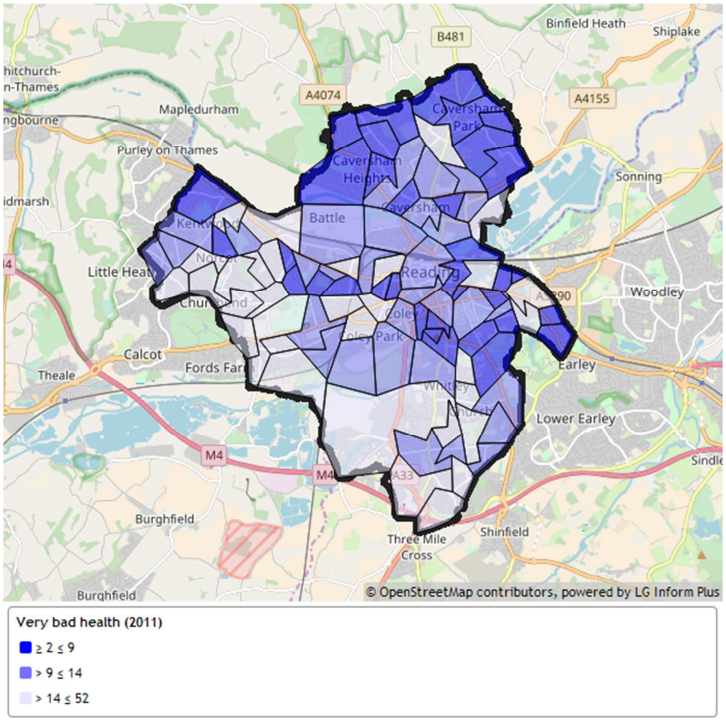
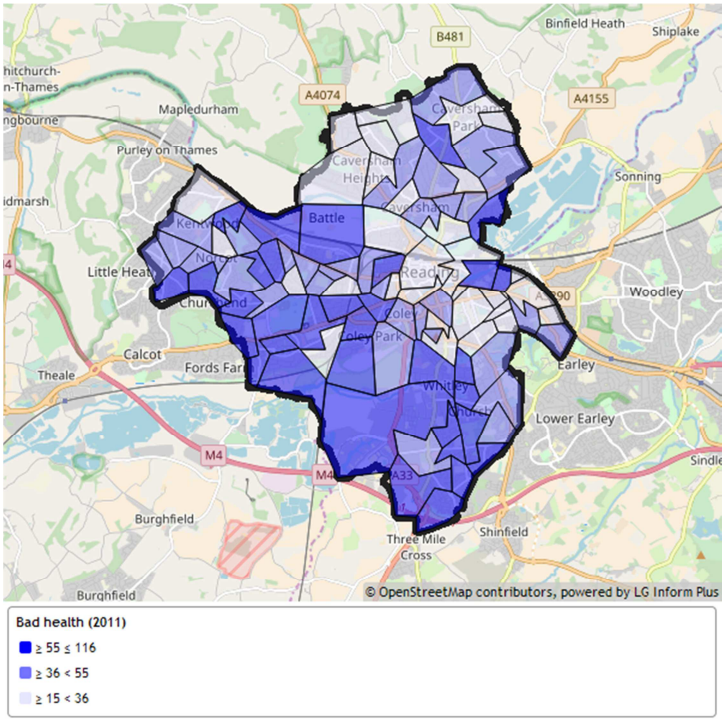
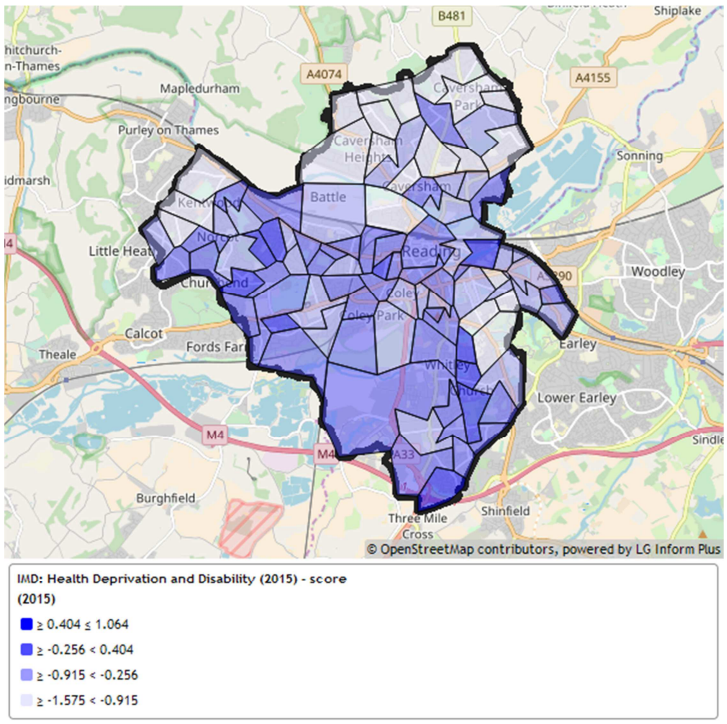


Figure 8: Bad health (Census 2011) by Reading LSOA



The indices of multiple deprivation (IMD) provides a means of comparing relative health deprivation and disability in small neighbourhood areas (known as LSOAs). The health domain takes account of years of potential life lost, illness and disability, emergency admissions to hospital and rate of mood and anxiety disorders. These contribute to the overarching IMD and account for 13.5% of the total (Department for Communities and Local Government, 2015; Smith et al, 2015). In Reading, the IMD suggest worst health in the South of the Borough, particularly in the most deprived neighbourhoods (see figure 9).

Figure 9: IMD 2015 Health Deprivation by Reading LSOA



What works?

Much of the published research evidence into loneliness and social isolation interventions is inconclusive. One review suggests that group interventions with either educational or self-help content, especially those that were targeted to specific groups, were more effective than one-to-one interventions (Cattan et al, 2005; Cohen-Mansfield and Perarch, 2015) but others conclude that evidence is too weak to reach a conclusion (Hagan et al, 2013; Masi et al, 2010).

Age UK's Campaign to End Loneliness used consultation with an expert panel to investigate and evaluate 'real life' interventions that have not been evaluated through formal research. Their report makes the following recommendations.

- Structural enabling (working within communities to promote strong social networks and connection with community) is an effective preventative measure.
- Direct interventions (interventions to help people maintain and extend their social connections, including psychological approaches to help people change their thinking, based on the ideas of De Jong Gierveld. (For example, the Dutch Healthy Ageing Network uses 'Grip en Glans' ('grab and shine') courses that help individuals to reflect on their existing relationships and networks and resources, set practical goals and offer advice on connecting or reconnecting.).
- Although evidence was stronger for interventions provided in groups, some experts were strongly in favour of one-to-one support.

PHE and the Campaign to End Loneliness each recommend identifying existing services and their impact on social connectivity and prevention of loneliness.

A number of studies have examined the use of the internet, social-networking and information technology. Results were mixed, with some studies suggesting both positive and negative impact (Seabrook, Kern and Rikard, 2016; Huang, 2010). A study by Chen and Schulz (2016) suggests a positive short-term effect on social connectedness, but no conclusive effect on loneliness, while a review that included four small studies of new technology used by older people suggested a positive impact on loneliness (Hagan et al , 2013).

Summary

Becoming lonely or socially isolated is a complex process affected by a range of interrelated factors. Individuals may be at greater risk if they:

- are single (have no current spouse or life partner);
- have recently experienced a significant change to their life, particularly a bereavement;
- are impeded by practical barriers (for example, physical mobility or another limiting health condition or physical or learning disability, geographical or transport barriers, or lack of funds, time, energy and confidence); and
- lack social and economic resources.

Older people and people of older working age may be more likely to meet these criteria, as they are more likely to have experienced bereavement or divorce, and local survey information suggests that a recent move to the area (meeting the criteria for a significant change) may be a particular risk in Reading.

Research evidence and reviews of practice suggest that the most successful interventions focus on building resilience in communities, making use of existing community assets, and using targeted group educational interventions and psychological interventions aimed at changing behaviour.

Recommendations

- In some areas, more in-depth information about how individuals are affected by loneliness and social isolation is needed. Focus groups with these key groups and anecdotal information from those working in the community may help to understand local needs.
- Targeting neighbourhoods at greatest risk of loneliness and social isolation and working with communities and local partners to promote strong social networks and connection with community may help to prevent or reduce social isolation and loneliness.
- Identifying and continuing to utilise existing local provision to support those who become isolated or lonely may help to reduce social isolation and loneliness.
- Using evidence-based interventions where possible and evaluating any interventions used locally for effectiveness may help to ensure that interventions are effective in reducing social isolation and loneliness, reducing rates of premature mortality and improve cost-effectiveness by reducing longer terms costs associated with worse physical health.

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Appendix 1 – Geographical clusters

Geographical mapping of risk factors has been used to help to identify areas in Reading that may be at greater risk. As follows:

- Some areas around Norcot, Tilehurst and Kentwood have higher numbers of older and older working age residents, higher numbers of separated/divorced and widowed households, and a higher proportion of residents reporting 'bad' health. Some neighbourhoods have high levels of deprivation and appear to experience some geographical barriers.
- Some affluent areas around Mapledurham and Peppard have higher proportions of older age residents, including a high number of widowed residents and a high proportion reporting 'very bad' health. These populations are more rural and remote and may, therefore, experience greater geographical barriers to accessing services. However, people living in these areas are likely to be among the least deprived in Reading, with greater life expectancy, financial and social resources and better health into older age, all of which may protect against loneliness and social isolation.
- Some areas of Whitley and Coley have higher proportions of older working age residents and a high number of separated/divorced single households. There are areas of high deprivation, particularly in Whitley.
- Areas around the town centre have the largest number of single households and are likely to include the most transient/mobile populations, including University students and those of a younger working age who may have moved to the area for work, either from elsewhere in the UK or from overseas.

In addition, some local commentators have suggested that single parents, particularly those in areas of social housing, appear likely to be at risk. The availability of social housing and the need to move away from family and friends is seen as a contributing factor.

- In areas of social housing in Whitley Wood, Amersham Road in Caversham, and areas in Kentwood and Norcot wards, those living alone are likely to be geographically isolated, living in a deprived area and, often because of caring for children, have limited opportunity for social interaction.