Loneliness in Nottingham and Nottinghamshire

Final Research Report

Executive Summary

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Executive Summary

1. Loneliness is a public health issue of increasing significance due to its negative emotional consequences and connection with physical and mental ill-health. The Coronavirus pandemic increased the prevalence of loneliness experiences within vulnerable populations, placing them at increased risk of negative health and social outcomes.

2. A variety of scientific and community-based interventions aimed at reducing loneliness exist, but evidence from social psychology suggests future interventions should be aimed at developing psychologically meaningful social relationships.

3. The growing need to tackle loneliness has been reflected in policy and investment by the UK Government. Part of this investment involves the national roll out of social prescribing, which seeks to promote health and reduce loneliness by connecting individuals with community groups, activities, and support. This has been supplemented by investments in local community infrastructure and by third sector organisations concerned with reducing experiences of loneliness for specific groups, e.g., older adults.

4. The Tackling Loneliness Collaborative – Nottingham and Nottinghamshire (TLC) is a partnership-based group involving representatives from Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust, Bassetlaw CVS, Nottingham City Council, and a diverse group of representatives from organisations, roles, and services within the local voluntary, community, and social enterprise sector. The TLC aims to map and support local services tackling loneliness and gain an understanding of loneliness needs within Nottinghamshire, with the ultimate aim of communicating needs and influencing decision-making regarding future loneliness reduction strategies.

5. Members of NTU Psychology's Groups, Identities, and Health Research Group were commissioned by Nottinghamshire County Council on behalf of the TLC to conduct the research element of this work. Specifically, the research aimed to i) map local loneliness services and assess their recent challenges and support needs; ii) document loneliness experiences, predictors of loneliness, and needs within Nottinghamshire; and iii) explore the impact of service engagement, barriers to engagement, and satisfaction with services working to reduce loneliness in Nottinghamshire. A series of studies were designed and agreed upon with members of the TLC team to meet these aims.

6. In Study 1A, a database of services aimed at reducing loneliness both directly and indirectly (via promotion of social connection but without explicit reference to loneliness) was built using an in-depth search of local service directories, resources accessed via local and national partners, and via the TLC local network. The resulting database includes 213 identified services, of which 32% are directly aimed at tackling loneliness. It also records the nature, location, size, and service-users associated with each service. Identified services vary greatly in terms of size and resource. Services support a wide range of specific groups (e.g., young people) and issues (e.g., mental health) within the community but the most common type of service is those supporting multiple groups or elderly people.

7. Study 1B was aimed at assessing the needs and experiences of 10% of identified services from within the database. Representatives (a range of staff and volunteers) from 35 services (16.40%) responded to invitations to complete an online survey with rating scales and open-ended questions. Topics included: service information, service-users and their needs, service delivery, barriers to success and engagement, adaptations to the Coronavirus pandemic, resources and support needs, and the future of the service.

8. Results showed the most common service aims were to provide support, address loneliness/provide companionship, and to promote participation in collective activities. Perceptions of service-users' needs mapped on to these aims, i.e., need for forms of support, companionship, and social activity. Organisations had an average of 10 staff members, but some relied solely on volunteers. Whilst most services suggested they have been successful at meeting needs and have benefitted from flexible/remote working practices, many reported that changed service delivery due to the Coronavirus pandemic had reduced their success, two had stopped operating, and many felt the pandemic had increased marginalisation of previously vulnerable populations. All but three organisations reported changes to their service delivery as a result of the pandemic.

9. Staff shortages were commonly cited as being a barrier to successful service-delivery. Other barriers included the need for training for volunteers and to build skills to manage online provision, and the need for more flexible funding and support to access funding. It was also felt that digital literacy and transport reduced service engagement for some service-users. Finally, services felt that some service users were hard to reach, and others were unwilling to engage due to the stigma associated with loneliness and service-use. Most services felt they would continue to operate in the future but two reported that it was unlikely they would be

able to. Although information was lacking in relation to some service locations, measures of deprivation levels linked with services' postcodes indicated those in high deprivation areas reported feeling less supported to deliver services.

10. Study 2 involved a large-scale survey of Nottinghamshire residents aimed at explored knowledge, experience, and impact of services and experiences and predictors of loneliness, health, and wellbeing within the community across three time points. Participants were recruited in three ways: 1) using the online survey website Prolific Academic; 2) via study adverts sent out to local services; and 3) on the Nottinghamshire County Council email bulletin. Responses from 795 residents were analysed at the first time point (baseline), 514 of these participants took part at the first follow up point, and 482 took part at the second follow up point. Levels of loneliness were consistent across time points.

11. Study 2 showed residents engaged in an average of zero to one service. Adults over 65 years engaged with the greatest number of services, but they also felt services were least available to them (regardless of recruitment method). Young adults (18-25 years) reported experiencing the most barriers to service access and least satisfaction with services. Self-reported loneliness was higher in the 18-25 years age group and lowest in the 26-45 years age group. Wellbeing was highest in the over 65 years age group and lowest in the 18-25 years age group. Depression, anxiety, and stress were all highest in the 18-25 years age group and lowest in the over 65 years age group. Loneliness was strongly correlated with (statistically related to) lower wellbeing, and higher depression, stress, and anxiety across all age groups. Loneliness was also correlated with lower self-rated health and more GP appointments over the last 3 months. Relationships between these measures generally persisted across time.

12. There was a strong relationship between loneliness and social identification (respondents' feelings of social connectedness and belonging): the more participants identified with their local community, family, and a group of their choosing (e.g., hobby group, activity group, friends group), the more support they perceived from these groups, and the less lonely they reported feeling. These relationships between social connectedness and support also held for reported experiences of depression, anxiety, wellbeing, and stress. Long lasting relationships were found between a sense of community belonging, increased perceived community support, and improvements in psychological wellbeing over the three time points, highlighting the importance of continuing community connection.

13. Across each of the survey time points (baseline and follow ups), loneliness was reported to be greater by those not in relationships, those who lived alone, those who felt discriminated against, those who experienced a lower sense of their own social status and their community's status relative to others, and those who felt help-seeking for emotional and mental health issues was stigmatising. Reported rates of loneliness were also higher in those who did not identify as male (female and gender non-binary in this sample), in those who identified as non-heterosexual, and those who reported having a disability.

14. In relation to the Coronavirus pandemic, participants who reported that they managed to stay connected during the pandemic and who managed to use technology to stay connected, were more likely to report lower loneliness. Young adults (18-25 years) reported remaining connected and being able to use technology to help with this to the greatest degree across age groups, while older adults (46-65 years) reported being least able to stay connected, and those 65 years and older reported being the least able to use technology to remain connected during the pandemic. However, it should be noted that despite reporting being able to connect during the pandemic, young adults still reported the lowest wellbeing and greatest loneliness.

15. Thirty local residents of varying ages from across Nottinghamshire were interviewed about their experiences of loneliness, social connection, and service engagement. Interviewees shared experiences of multiple social, relationship and health predictors of loneliness and a range of loneliness consequences which were behavioural, emotional, and psychological in nature. These were worsened by stressors including financial changes and hardship, life transitions, and the conditions resulting from the Coronavirus pandemic. A central feature of loneliness experiences was a lack of desired meaningful social connection and belonging.

16. Interviewees perceived a range of barriers to service engagement including knowledge of services, excessive bureaucracy (e.g., paperwork and appointments with multiple organisations) linked with engagement, and physical accessibility. Psychological barriers to service engagement also existed in relation to social anxiety, and loneliness could sometimes lead to further isolation and withdrawal. Being supported to find and attend services helped overcome barriers and positive service engagement was experienced when service-users felt welcomed, included, and understood by services and fellow service-users. When service-users found a sense of connection with others in their group/service they reported reductions in loneliness, better wellbeing and increased confidence and energy. These effects could be

cumulative in that they often resulted in further social connections outside of the group/service and a valued sense of community connection. Where services were not welcoming, where they were short term, and where there were barriers to longer lasting contact between members, service involvement was less likely to result in continued engagement and benefits for loneliness reduction, connection, and wellbeing.

14. Key findings include the summary of Study 1A and 1B results which suggest a broad range of services are in operation in Nottinghamshire, but that they share similar goals of providing support and connection within the community. Services shared similar challenges in providing continuing flexible service delivery during the Coronavirus pandemic. Services also commonly cited a need to find support to attract and retain more staff and flexible funding assistance, and to increase engagement with services for those most in need or experiencing barriers to access and engagement.

15. Key findings from Study 2 were that loneliness experiences were associated with physical and mental health as expected, and that these experiences varied across the community depending on social factors and experiences such as discrimination, stigma, marginalisation, and gender. Loneliness was also closely linked with social connection, support, and relationships, as expected. Younger adults reported greater loneliness, the poorest mental health, and the most barriers to accessing services, despite reporting being more able to stay connected online during the Coronavirus pandemic than other age groups. The least barriers to accessing services were experienced by older adults, but they also perceived the least availability of services. The results suggest these two age groups may require specific support in accessing effective services. Results also showed that social connection within the community, families, and chosen social groups can be crucial in reducing loneliness and improving health and wellbeing by increasing social support. Community connection across time was found to provide long-lasting benefits for wellbeing.

16. Key findings from Study 3 include insights into the complex nature of both predictors of loneliness and the consequences of experiencing loneliness, indicating the social, economic, and psychological nature of loneliness. Interviewee accounts also highlighted the need for services to be well-advertised and visible, for support with attending groups/activities, for environments to be welcoming and inclusive, and for engagement to involve reduced bureaucracy and long-lasting contact where desired. Service users valued a sense of connection and understanding with other service users. Where service engagement

experiences are positive, they can have impact on wellbeing, health, and loneliness reduction, as well as improving confidence such that service-users are more able to connect further within the community. Where service experiences are negative, loneliness and isolation can increase.

17. Recommendations provided include suggestions for: 1) a central body to provide oversight of diverse services, reduce duplication, and target needs, and to aid in reaching populations most in need with effective provision; 2) an increase in advertising and more targeted outreach to increase service engagement and perceptions of availability; 3) better access to flexible funding to meet diverse service needs including core costs, funding to support staffing and training for online/digital and volunteer-based service provision, and investment in infrastructure to support funding applications; 4) monitoring of changing needs of vulnerable populations, scoping of unmet needs, and targeted services equipped to support those most vulnerable; 5) consideration of the ways that service engagement can lead to wider social connection, recognition of the impact of community connection for wellbeing, and consideration of community connectedness as out outcome measure for service success; 6) recognition of the impact of group dynamics during service engagement and training to support services in the community with managing group dynamics so that service-users can feel welcomed, supported, and understood to facilitate engagement and a sense of social connection and belonging; 7) a reduction in burdensome bureaucracy and effective support for service-users' multiple needs (e.g., social and health) through a joining up of health and social provisions; 8) a regular scoping of the impact of external societal stressors (e.g., financial strain, the impact of social restrictions, transport, and digital exclusion) on loneliness needs and experiences.