GAZING AT THE 4 WALLS

VOICES OF OLDER PEOPLE EXPERIENCING SOCIAL ISOLATION IN BELFAST

Report compiled by Fiona Boyle with Engage With Age staff and volunteers

Engage With Age Foreword

This report which records the voices of older people who have experienced loneliness, social isolation and living alone, is the culmination of a research exercise to measure the extent of older people's isolation, the causes and effects, and the barriers to inclusion. The research was supported and funded by The Atlantic Philanthropies, as a recognition of the work of Engage With Age with increasing numbers of older people living longer at home in their communities, with varying degrees of support from statutory, community and voluntary services, family and friends. Through focus groups, one to one interviews and case studies the report catalogues how older people become isolated, how they cope with that isolation and what solutions can be explored and identified to alleviate that isolation. The author Fiona Boyle, has done an excellent job in synthesising a range of previous publications on this subject and providing a number of focused recommendations for consideration by service providers and community organisations. Fiona completed the research with the support and involvement of Engage With Age staff and members of the older people's forums in South, East Belfast and Castlereagh. We would like to offer thanks to everyone involved.
We hope that the recommendations in the report will be acted upon by service providers from the statutory, voluntary and community sectors, and that older people's voices will be heard at every stage.

Margy Washbrook
Manager Engage With Age

Acknowledgements

This research was coordinated and report written by Fiona Boyle with support and input from a range of individuals and organisations.   The significant input of the following is gratefully acknowledged by both the consultant and Engage with Age:

- The EWA Research Advisory Group – full membership of which is referenced in Section 2;
- All the older people who gave freely of their time and stories during the Focus groups, interviews and case-studies;
- All the EWA staff who organised and participated – through the provision of information/background, coordination and input to Focus groups and at the interview stage;
- Two Social Work students – Heather Stewart and Jenny Williamson - who contributed to the Ward mapping exercise;
- Considerable input from EWA volunteer – Elaine Smedley – in listening to the tapes and transcribing the interviews;
- Specific assistance from Dr. Janice Christie and Prof. Pamela Arnsburger in relation to the use of the loneliness scale and analysis of data collected.

The funding of this work – by The Atlantic Philanthropies – is also gratefully acknowledged.

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1   Introduction

1.1   Background
Research suggests that as people age they become increasingly less able to engage in their wider community and with friends and family – in short they become socially isolated.   Studies have pointed to numerous factors as both causal and contributing to this decline including poverty, lack of access to transport and reduced health and mobility issues.

In addition, concerns have been raised about the way in which isolation and declining engagement amongst older people are responded to in practice.

…research found that practitioners remain conservative in the ways they target and identify isolated older people.[1]

1.2   Engage with Age[2]
A number of studies undertaken in South & East Belfast from the mid 1990s onwards pointed to significant and growing social issues being experienced by older people.   These included the following:

- Poor health status of older people in less affluent areas
- Social isolation
- Low levels of participation by older people in their communities
- Low usage by older people of local services
- High referral rates and waiting lists for services – such as day centres and home helps – with social isolation emerging as a key reason for referral

Social isolation – and potential reasons for this – emerged as a key factor for older people. **Engage with Age (EWA)** was established in 2000 as a result of a number of organisations coming together to discuss these issues in an interagency forum.   This group developed a *shared* understanding of the problems and a *shared* vision of how these issues might be tackled.

EWA is a partnership of voluntary, community and statutory organisations established to develop new ways of working with older people (aged 50 plus) in South and East Belfast and Castlereagh.   The primary aim of EWA is to enable older people to achieve and sustain better health and well-being.

EWA has worked through a model of community development – both in terms of its approach to develop and assist the development of older people's groups and activities amongst older people and also in working in partnership to provide clearer and better programmes and services with older people.   The work of EWA can be categorised as follows:

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[1]   Cattan, M, 2001, *Supporting Older people to overcome social isolation and loneliness*
[2]   Information for this sub-section from EWA document, *Building a good Life – Evaluation Messages 2001-2005*

- Supporting the development of community networks – through increasing participation and support for older people's groups
- Enabling older people to shape services and respond to consultation processes – in particular through the development and support of Older people's Forums
- Provision and support for education and training programmes
- Improving health and well being through the organisation of outings, specific health orientated programmes and through tackling social isolation
- Supporting networking and partnership working among providers of services

An evaluation of EWA's work from 2001 – 2005 further reinforced the need for the organisation to be working in the area of older people and social isolation, with this aim re-stated as follows:
To encourage and develop initiatives to reach isolated and excluded Senior Citizens in South & East Belfast and Castlereagh.

EWA believes that social isolation has continued to grow and expand amongst older people – not least evidenced by the number and complexity of referrals they receive from Social Services Integrated Care teams and from family/neighbours of older people.   In addition, the impact of their work in this area – both on individuals and groups of isolated older people – is well documented.[3]

In their current Strategic Plan 2007 – 2010 EWA is committed to *develop and implement a targeted strategy for addressing gaps in older people's support networks.*

In particular the Strategic Plan outlined the following two aims:
- *To explore the causes of social isolation and barriers to inclusion experienced by older people in three local areas and produce a research document by December 2009;*
- *To produce a strategy for addressing gaps in older people's social support networks in South and East Belfast and Castlereagh by March 2010.*

In order to fulfil these aims EWA commissioned Fiona Boyle in March 2009 to undertake a mapping exercise of older people's engagement in three electoral Ward areas in South & East Belfast and Castlereagh.   This report outlines the research findings.

1.3   Objectives
The agreed objectives for the mapping exercise were as follows:
1. To provide an overview of the various social and demographic factors in the 3 specific wards (and the wider East and South Belfast area and Castlereagh);

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[3]   EWA, June 2004, *Bingo & Beyond*

2. To provide an overview of the statutory and community based service provision in 3 specific wards (and the wider East and South Belfast area and Castlereagh);
3. To develop an understanding from available research and literature of the particular issues of social connectedness, health and well being, and influencing others;
4. To gain the views of older people through Focus Groups on these three particular issues – to establish what is important to them and how these issues impact them (to aid development of interview questions);
5. To gain the views of key stakeholders in the three ward areas – to obtain their feedback on provision and levels of engagement, including strengths and weaknesses;
6. To train up peer interviewers (from amongst established older people's groups);
7. To undertake interviews with older people in the community to discover their views and to assess their level of social connectedness, health and well being and ability/opportunities to influence others;
8. To collate and analyse all quantitative and qualitative information gathered
9. To produce a draft and final report including conclusions and recommendations.

The overall purpose of the project was to develop recommendations for both EWA's work in the area and in a broader sense to highlight social isolation amongst older people and suggest how this could be addressed.

1.4 Layout of report
The objectives above are specifically covered in different sections of this report as follows:

Objective(s)	Section(s) in report
1 and 2	Section 2 - Methodology and Appendices
3	Section 3 - Older People and social isolation - Background and context
4	Section 2 – Methodology and Sections 4 - 8 Research Findings
5	Sections 4 - 8 Research Findings
6	Section 2 – Methodology
7 and 8	Sections 4 - 8 Research Findings
9	Section 9 – Conclusions and Recommendations

Considerable quantitative and qualitative data was collected during this mapping exercise – from ward analysis, focus groups, interviews and case-studies.   Research findings are provided on a thematic basis.   Essentially this aims to highlight the ways in which older people in the three ward areas are socially isolated, unconnected and or lonely, together with recommendations as to how these issues could be alleviated.   Direct quotes from focus group participants and interviewees are included in *italics.*

2 Methodology

2.1 Introduction
An EWA Advisory Group[4] was set up to oversee the commissioning, management and publication/ dissemination of this research. Funding was obtained from The Atlantic Philanthropies to fund the mapping exercise.

A multi-method approach was developed as outlined below. This included ward identification, mapping of services/provision by ward, focus groups, sample selection for interviews, interviews and development of case studies.

2.2 Ward identification
Three wards were identified by EWA from the overall total of 47 wards in these three areas.

Area	Ward
East Belfast	Ballymacarrett
South Belfast	Ballynafeigh
Castlereagh	Newtownbreda

These three specific wards were selected for the following reasons:
- To ensure all three wards were different in their demographic and socio-economic make-up;
- To ensure that one ward (Ballymacarrett) included a peace-line or interface between the Protestant and Catholic communities to reflect the wider implications this has on sourcing and providing services for older people;
- To ensure that one ward (again Ballymacarrett) was viewed as being socially deprived – that is within the top 10% most deprived wards in Northern Ireland covering factors relating to income, unemployment, health, housing, access to services etc.
- To ensure that one ward (Newtownbreda) covered a more middle-class affluent residential area;
- To ensure that one ward (Ballynafeigh) encompassed a more mixed cultural make-up including ethnic minority communities – with the opportunity to include reference to one such community – the Chinese community.

Appendix 1 provides an overview of each Ward including map, socio-economic breakdown and an assessment of service provision (scale, type and nature) in each of the three ward areas. This exercise was undertaken by

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[4] Working Group comprises representatives from Engage with Age, Belfast City Council SNAPS team, East Belfast Partnership, South Belfast Partnership Board, Highway2Health, Eastern Health and Social Services Board, Investing for Health, NICVA, NI Housing Executive, QUB – CAP, Belfast Health & Social Care Trust and Belfast Healthy Cities

two Social Work students (Heather Stewart and Jenny Williamson) undertaking a social work placement with EWA in early 2009.

2.3   Focus Groups

Three Focus groups (one for each ward area) were facilitated during May 2009. In addition, a meeting was held with the Chinese Welfare Association[5] with regard to older Chinese people.

The purpose of using Focus groups was
- To ensure the use of a community development approach – enabling the target group (older people) to both identify and suggest solutions to their problems
- To ensure that the information gathered was coming directly from the individuals experiencing the issues – that is directly from older people (and people working in the field)
- To both understand the issues and to provide material to assist in the drafting of an interview schedule
- To develop a better understanding of the 3 ward areas

A community development approach facilitates the participation of target groups in both the identification and solution of their problems and encourages communities to think more proactively about their own development...[6]

The following themes and topics were covered in the Focus groups.

Focus group themes/topics

- Experience of loneliness, social isolation and living alone – personal and knowledge of this in the wider community
- Meaning of social connectedness – factors influencing this
- Meaning of health and well-being – factors influencing this
- Meaning of engagement – factors influencing this
- Opportunities to influence others – factors influencing this
- Barriers to participation – including accessibility (physical, transport, information), resources, availability, nature and range of services
- Input to developing appropriate services
- Non-participation – how leads/contributes to personal feelings of isolation, poor social connectedness, decline in health and well-being
- What currently works well?   What do older people want in these areas?

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[5]   The CWA employs an Elderly Development Worker and organises/supports the Hoi Sum Elderly Group – this currently has 141 members – mostly from Belfast but some come from further afield – Bangor, Portadown etc.   Some have been in Northern Ireland for 20 – 30 years whilst others are first generation Chinese immigrants who have been here for 40 – 50 years.   Hoi Sum has a number of activities including weekly lunch club, English class etc.
[6]   EWA, 2004, *Bingo & Beyond, Looking at Good Practice when working with older people*

Overall there was a very good and encouraging turn-out[7] for the Focus Groups – and this was clearly because of both a high level of interest in the project and also good relationships already developed in the community by the EWA Development Officers.

The participants were not asked to provide any details other than their name and who they were representing (if from a group). Without specifically requesting such information it was clear that participants represented a wide spectrum of backgrounds, types of housing and age (highest admitted age was 89!) One group had 3 men whilst another had only one and the third none. In addition, it was interesting that some people – whilst clearly in the older age bracket viewed themselves as speaking for others, rather than primarily themselves, and were often running groups for older people.

A number said this was the first time they had actually discussed issues such as social isolation and loneliness in a group setting.

The theme of this is about loneliness – and it takes a wee while to get people to talk about this...I've met all of these guys before but we've never sat down and had a conversation like this.

2.4   Interview process

As a result of budgetary constraints, probability sampling and the production of a fully representative sample was not feasible.   Nevertheless using the principle and process of non-probability sampling[8] (convenience sampling) and the use of some quota sampling[9] a sample of older people who were identified or perceived as being socially isolated in the three ward areas was developed.   This was done via the EWA Development Officers identifying people who EWA already knew of and also through working with a range of statutory and other voluntary organisations to identify other such people.   This approach provided a sample of 20 older people per area (58 out of 60 interviews achieved).

Whilst it had been agreed that a fully representative sample would not be feasible, the process of selection of potential interviewees ensured a good mix and range of different factors (whilst not setting specific quotas) as follows:

- Male/Female
- Age range - younger older people (55 - 65/70) and older old people 75 plus
- Range of health circumstances from no health problems to unable to get out/mobilise

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[7]   Focus group numbers aimed for – between 6 and 8 participants.   A total of 21 participants – Ballymacarrett (7), Ballynafeigh (4) and Newtownbreda (10).
[8]   That there is no probability that any person in the community (of older people) will be included in the sample. This is acceptable when there is no need to make a statistical generalisation to any population beyond the sample surveyed.
[9]   Ensuring a spread across different factors such as male/female and younger 'old' and older 'old'.

- Range of living circumstances - e.g. social/private rented, owner occupied etc.
- Range of circumstances around isolation, loneliness, connected to community
- If possible - living in the specific 3 wards - Ballynafeigh, Ballymacarrett, Newtownbreda or from the Chinese Community

Interviewer training was provided by the consultant in late July to a group of around 15 individuals – including all EWA staff and around 10 individuals who had indicated their interest in being involved (either via the Development Officer for their area or through their attendance at one of the three Focus groups).   This training covered the following:
- Background to the mapping exercise
- Fieldwork to date – purpose of the interviews
- Information about the letter of introduction and requesting/obtaining consent
- Conducting structured interviews – tips and suggestions, Do's and Don'ts
- Interview schedule – How to administer and complete it
- Role play of interview

Potential interviewees were written to (see Appendix 2 for letter to interviewees) and their consent to the interview and it being taped was sought (see Appendix 3 Consent Form).   An interview schedule was developed and agreed with the EWA Research Advisory Group, based on the findings from the Focus groups together with literature in the field (Appendix 4).

Face-to-face interviews were undertaken during July – September 2009 by all EWA staff and the trained peer interviewers.   Interviews were completed with 58 older people – nineteen in both South Belfast (Ballynafeigh ward) and Castlereagh[10] (Newtownbreda ward) and twenty in East Belfast (Ballymacarrett ward).   The interviews in South Belfast included three with members of the Chinese community.

2.5   Collation and analysis
Interviews were taped[11] and then transcribed by a EWA volunteer. The completed interview schedules were returned to the consultant for checking, collation, data input and analysis – using Microsoft Excel.   Findings from the interviews should be treated with caution given the small number of interviewees and the fact that the sample was not representative of older people per se.

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[10]   Where possible all interviewees resided in the chosen Ward area – a couple lived just on the fringes of Newtownbreda, as it proved difficult to obtain all interviews in this Ward.
[11]   Two interviewees declined to have their interview taped and in four cases there were problems with the taping mechanism/clarity of tape.

2.6   Case-study approach

It was agreed at the outset of the interview process to undertake 60 interviews – with a view to developing 10 of these (and/or working with other older people) into case-studies.   A total of five more in-depth interviews were undertaken from which case-studies have been produced. These are outlined throughout the report – names have been changed in order to protect anonymity.

The aim of these was to highlight a particular issue or theme (already highlighted via the research exercise) and to develop the storyline behind this – including indicating how the issue(s) had been resolved (best practice) or how it should be resolved (recommendations).

2.7   Profile of interviewees

Interviewees were asked to provide some background information[12] about themselves (Section – All about you? In interview schedule – see Appendix 4). This was asked at the end of the interview as some of the information may have been perceived as being sensitive/personal and best asked once a rapport had been developed between the interviewer and interviewee.   In addition, interviewers were tasked to listen out for any of this information offered during the interview – and complete this section accordingly.

Appendix 5 provides full details of the profile of interviewees, which can be summarised as follows:

- Two-thirds of interviewees were women and one third men – this proportion varied slightly across the wards – with a 75%/25% split in East Belfast and a 50%/50% split in South Belfast respectively;
- Two-thirds of those interviewed were aged between 70 and 89 (67%).   A not insignificant number were aged 90 plus (12%) whilst in four cases the interviewee declined to provide their age or date of birth.
- Around half of the interviewees owned their house with a similar number renting their property in the social housing sector. Only 2% rented privately.   Around one fifth of interviewees (those in social housing) were in a sheltered scheme including a Warden/Coordinator;
- Three quarters (74%) of interviewees were widowed – with length of time widowed ranging from 1 to 37 years;
- The majority of interviewees (83%) were living alone;
- 16% of interviewees were living with someone else (spouse, other etc.) and 8% of these were caring for them;
- Two thirds of respondents (65%) said their health was poor (22%) or fair (43%).

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[12] It should be remembered that the sample of interviewees was not selected in order to be representative of the general population (or population of older people per se).   On this basis whilst it is interesting to examine the profile of interviewees, no inference can be made from this about wider representation or patterns of occurrence in the community. Background data was also collected in order to enable cross-tabulations and sub-analysis on the basis of various factors.

3 Older People and social isolation - Background and context

3.1 Definition of old

Various definitions exist of the term older. Whilst EWA work with those aged 50 plus the group defined as 'old' for the purposes of this study were 'older' people of retirement age, that is, women of 60 and men of 65 and over.

3.2 Demographics[13]

The number and comparative proportion of older people in Northern Ireland is on the increase. Life expectancy is increasing due to medical advances, birth rates are falling and as a result there are more older people living now, and living longer, than there was at any time in our province's history.

In real terms at present older people (as defined above in the context of the state retirement age) represent 16.5% of the total population in Northern Ireland – that is 289,691 out of 1,759,148[14]. This is broken down by gender as 186,615 women aged 60 and over and 103,076 men aged 65 and over – the difference being attributed to both the variation in the age of retirement and also the longer life expectancy of women compared to men. Furthermore there are 111,485 individuals aged 75 and over (6.3% of the total NI population).

Analysis of census data[15] for the three Ward areas included in this study indicates the following picture in terms of total number of older people and proportion in comparison to total Ward population.

Ward	Total population	Number of older people	Percentage of older people in Ward
Ballymacarrett	4,943	1,061	21.5%
Ballynafeigh	5,251	792	15%
Newtownbreda	2,554	587	23%

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[13]   Source: Based on Review of demography in *Analysis of the need and demand for retirement villages in Northern Ireland in their various forms,* NIHE and Fiona Boyle, 2008
[14]   Source: NISRA, Registrar General Annual Report 2007
[15]   Source: Northern Ireland Statistics website: www.nisra.gov.uk, 2001 Census – Key Statistics for Super Output areas.

3.3   Definitions and concepts of social isolation

Social isolation is a difficult concept to define as clearly it means different things to different people; on occasions different terms are inter-used or switched and at times there is a lack of clarity on exact meaning and what the differences are between different terms.

It was therefore considered important at the outset of this mapping exercise to examine the range of definitions for these concepts.   It should be noted that:

The terms 'loneliness', 'social isolation' and 'living alone' are often used interchangeably, although they are three distinct (but linked) concepts. 'Living alone' is the most straightforward to define and measure in objective terms.   A key component of isolation, therefore, is the size of an individual's social network.   'Loneliness' refers to how individuals evaluate their level and quality of social contact and engagement.[16]

These three terms – loneliness, social isolation and living alone are now examined.

Social isolation or lack of social connectedness has been defined by a number of writers as referring to an objective, measurable state of having minimal contact with other people such as family, friends or the wider community.[17]   Cattan developed this further by stating that it is an imposed isolation from their normal social networks.

Social isolation has also been described by Help the Aged[18] as *the objective state regarding the number of contacts and interaction between an older person and their wider social network.*

The Economic and Social Research Centre stated the following in their research into loneliness, social isolation and living alone in later life.   *'Social isolation' relates to the integration of individuals (and groups) into the wider social environment.   This concept is usually measured by the number, type and duration of contacts between individuals and the wider social environment.[19]*

Loneliness is described by Cattan as – a lack of intimate relationship, lack or loss of companionship or a lag between realised and desired interpersonal relationships.   Further research has described loneliness as a subjective, negative feeling often associated with loss. *The subjective, unwelcome feeling of lack or loss of companionship.[20]*

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[16]   ESRC (2002), Victor, C, Bond. J and Bowling, A, *Loneliness, social isolation and living alone in later life*
[17]   Cattan, M, op cit.   Also Wenger, Davies et al 1996, Victor, Scrambler et al 2000a
[18]   Help the Aged 2003, *Depression and older people – towards securing well-being in later life – Summary briefing*
[19]   ESRC, op cit
[20]   Help the Aged, Op cit

The ESRC further distinguished the type and nature of loneliness.

When asked how they would define loneliness participants identified three distinct definitional categories: functional, a state of mind and social network. Functional definitions of loneliness were articulated in terms of the loss of a range of abilities and the loss of practical aspects of daily life, such as a combination of health and financial losses. Loneliness as a state of mind reflected an individual's ability to find ways of filling time, happiness at spending time alone or the ability to motivate oneself to do things or meet new people. The network definition saw loneliness as related to the size and closeness of the social network around individuals. The presence or absence of a confidant and the loss of a life-long partner were especially important in this definition.[21]

In addition, the ESRC's work looked at the reasons behind the onset of loneliness.

Two mechanisms are hypothesised for the onset of loneliness in later life: acute or sudden changes in life circumstances leading to a sudden onset of loneliness and chronic onset pattern stemming from the gradual build-up of losses over time.[22]

The ESRC research also noted different experiences of loneliness amongst older people – *those for whom loneliness is a continuation of previous experiences and those for whom it is a 'novel' experience.[23]*

Clearly **living alone** is the most objective – and measurable – of the concepts discussed. Cattan further developed this concept from beyond physically living on one's own to a description of a state of **aloneness** – *as an intense feeling of loneliness following the loss of someone close, being alone for several days at a time and having no social contact during that time.[24]*

Whilst living alone does not in itself result in loneliness the level of linkage between the various factors has been highlighted by several researchers.

The association between social isolation, loneliness and living alone and other factors is complex. However, there is a clear association between living alone and social isolation.[25]

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[21]   ESRC, Op cit
[22]   Ibid
[23]   Ibid
[24]   Cattan, M, Op cit
[25]   Ibid

3.4   Scale of the problem

The Economic and Social Research Centre's research 2002[26] *Loneliness, Social isolation and Living Alone in Later Life* found that a minority – albeit not insignificant - of older people are lonely (7%) or isolated (11 – 17%) and that this has shown little change in the past 50 years. This research found that *the majority of older people demonstrate high levels of contact with family, friends and neighbours and do not experience loneliness.*   Research in this field also noted the occurrence of under-reporting because older people may not wish to suggest they are lonely or isolated.

Work by Greaves, C. J and Farbus, L (2006)[27] suggested a slightly higher level – indicating that depression and social isolation affects one in seven people over the age of 65.   In contrast research by Victor, C. R et al (2002)[28] compared data from classic social surveys (undertaken between 1945 and 1960) with contemporary data from a 1999 survey, and found that reported loneliness amongst those living alone decreased from 32% in 1945 to 14% in 1999.

A further study[29] measured the social exclusion of older people (aged 50 plus) living in England against 7 dimensions.   This study found that around half of older people are not excluded on any dimensions, but 29% are excluded on one dimension, 13% on two dimensions and 7% on three or more dimensions.

The most recent statistics – in the Age Concern/Help the Aged UK 2009 One Voice report[30] - indicate that around 11% of older people say they are lonely. *The number of older people who regularly feel lonely remains stubbornly at about 1 million but in its efforts to tackle social exclusion the Government has ignored this blatant form of social breakdown.*

3.5   Nature of social connectedness

There is acknowledgement that the nature of social connectedness has changed over the years with an increase in indirect contacts.

However the forms of social contact have changed with current generations of older people reporting both direct social contacts and more indirect, but no less valuable, forms of contact such as the telephone.[31]

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[26]   ESRC (2002), Op cit
[27]   Greaves, C. J and Farbus, L (2006), *Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multidimensional study,* in Journal of the Royal Society for the Promotion of Health, Vol. 126, No3, pp. 134 – 142 - (Abstract only)
[28]   Victor, C. R et al (2002), *Has loneliness among older people increased?   An investigation into variations between cohorts,* in Ageing and Society Vol. 22, pp 585 (Abstract only)
[29]   Social Exclusion Unit (2006) *The Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study of Ageing.*   Dimensions were – social relationships, cultural and leisure activities, civic activities, basic services, neighbourhood, financial products and material goods.
[30]   Help the Aged/Age Concern, 2009, *One Voice – Shaping our Ageing Society*
[31]   ESRC, Op cit

3.6 What do older people want?

A study by Joseph Rowntree Foundation (2004)[32] found that much of policy and practice relating to older people are still based on the assumption that older people are a burden.   Evidence from the 18 projects reviewed in this study found that there is still a mismatch between what older people want and what policy and practice are delivering.

When planning services for older people who are socially isolated, perhaps the most important step is to ask people what they actually want.[33]

Various research studies have directly asked older people what services they would want.   Research by Cattan[34] highlighted the following aspects reported by older people:

- *To be seen as a resource and not a burden*
- *To have purposeful activities where skills can be shared*
- *To have activities at weekends*
- *Not to be 'done to', patronised or treated as passive recipients*

This study also indicated that what older people want most is practical, flexible and low-level assistance to remain in their social networks – including transport, activities in local neighbourhoods, support to learn new skills etc.   A further JRF study (2004)[35] found that central to a 'good life' in old age is the value attached to inter-dependence – that is being part of a community where people care about and look out for each other.

Overall various studies point to the fact that older people want to be involved in planning, developing and delivering activities that target social isolation and loneliness.

Cattan concludes that *there is inequity in accessing services and activities between those who are able to make their voices heard and those who are truly isolated and lonely.[36]*

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[32]   Joseph Rowntree Foundation, 2004, *Older people shaping policy and practice*
[33]   Office of the Deputy Prime Minister (2006) *A Sure Start to Later Life: Ending Inequalities for Older People. A Social Exclusion Unit Final Report.* Office of the Deputy Prime Minister: London.
[34]   Cattan, M, Op cit
[35]   Joseph Rowntree Foundation, 2004, *Building a good life for older people in local communities*
[36]   Cattan, M, Op cit

3.7 What works well?

A number of research projects have examined and evaluated a range of different services and approaches aimed at alleviating older people's isolation and loneliness. Comments are included for these below.

Home Visiting and Befriending

Cattan's work[37] found that one-to-one support and befriending is highly valued and provides social support to older people. Work by Andrews, G. J et al (2002)[38] indicated positive opinions about a home visiting and befriending service, finding that users placed a high value on the reliability of their befrienders. In many cases these friendships developed beyond the agreed rules and remits of the formal service, including various forms of supplementary assistance and social activities.

Volunteering schemes

A range of volunteer schemes exist to assist older people, for example, through volunteer drivers transporting older people to and from hospital or luncheon clubs, through volunteer visitors etc.

Cattan's research found that volunteers often provide practical help in the older person's home and can often become companions and friends. The importance of matching in terms of shared interests and background was noted. Work by Joseph Rowntree Foundation (2004)[39] found that older people are the biggest providers of support to other older people – but that this work is often hidden and tenuous.

Schemes encouraging healthy living

Greaves, C. J and Farbus, L (2006) found that interventions which promote active social contact, encourage creativity and use mentoring are more likely to positively affect health and well-being.

Information booklets

Leeds Older People's Forum, together with a range of partner agencies, has produced a resource pack entitled *Older People and Social Isolation*[40]. As well as examining the concept and reality of social isolation for older people, it provides suggestions for those working in the community around encouraging participation and outlines what relevant services are available in Leeds.

Strategies and Responses

The field of research indicates that providers need to work in a way which differentiates between needs and provides activities accordingly.

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[37] Cattan, M, Op cit

[38] Andrews, G. J et al (2002) *Assisting friendships, combating loneliness: user's views on a 'befriending' scheme,* in Ageing and Society, 23: 349 0 263 (Abstract only)

[39] Joseph Rowntree Foundation, 2004, *Older people shaping policy and practice*

[40] Leeds Older People's Forum, Resource Pack - *Older People and Social Isolation,* August 2009

Combating social isolation requires practical help or resources, while combating loneliness requires social support and extended social networks.[41] *In developing interventions to respond to loneliness and isolation we need to respond to the varying types and pathways into loneliness and isolation in later life.*[42]

3.8   Specific groups

Various studies have looked at the needs of specific groups of older people – for example studies by Joseph Rowntree Foundation looking at the needs of older Chinese people,[43] and black and minority ethnic groups.[44] The former study found that many Chinese older people are isolated from both the Chinese community and mainstream society and outlined the common causes of detachment.   This study also looked at how services should be developed for this group.   The second study looked at the impact of ageing on minority communities and the various services and approaches needed to meet these needs.

Research by Cattan concluded that services need to be delivered to care for specific groups – carers, ethnic minorities, older men and those who have been isolated for a long time.

To have activities for specific groups that are appropriate and adaptable to individual needs.[45]

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[41]   Cattan, M, Op cit

[42]   ESRC, Op cit

[43]   Joseph Rowntree Foundation (2000) *Meeting the needs of older Chinese people*

[44]   Joseph Rowntree Foundation (2004) *Black and minority ethnic older people's views on research findings*

[45]   Cattan, M, Op cit

4 Research Findings - Meaning and levels of social connectedness and factors influencing this

This section outlines findings around the type, nature and frequency of social contact which older people have with those around them – as one mechanism of measuring people's level of social connectedness. In particular it examined the level of social contact coming into the home – people calling and incoming phone-calls. Older people's ability to go out of the home is looked at in Section 6.

4.1 Findings from Focus Groups
The Focus groups provided the opportunity to explore with older people (who were still relatively or very active) the meaning of social connectedness and what factors would influence this.   Participants in the Focus groups on the whole provided positive references to how they felt about themselves and their inter-connectedness to their local community.

Despite this a significant number of participants indicated that they would not have someone calling with them on a daily basis.   They suggested that they would see family and friends on a Sunday or at the weekend – and could call on them if required.   Various reasons were highlighted around why they would not see family on a daily basis – from siblings, children and grand children being far away to being very busy.   Their connections socially and to the community were largely based on them going out to the shops, to see friends and family and to a range of activities.

I wouldn't see anyone all week until Sunday when my son comes – because my family is in Australia and Norway – my son here is a teacher and he's busy at the time – but if I needed him he's very good at coming up.   But I go out to all these different wee things – that gets me out – otherwise no-one comes – you have to make an effort to get out.

My family – I don't see them at all...they're always very busy.

I wouldn't see anyone on a daily basis – if I look out the front all I see is a car sitting out there – my friend is the car that sits at the front door....I have to go out to see someone.   I don't see a neighbour.   I see my son on a weekly and fortnightly basis.

If you have a family behind you – you're a very very lucky person.

This isolation from family was also highlighted for the older Chinese community.   Despite placing great regard on family linkages and ties, older Chinese people often only see their offspring or wider local family members at a weekend, mainly because they are so busy with work (often in the catering business).   In addition, it was noted that many Chinese young people do not have a good bond with their elders because they were often looked after elsewhere when their parents or grandparents first settled here.

It was also suggested that the number and frequency of social contacts depended on the type of area you live in – comparisons were drawn between more working class areas and middle class areas (participant's terminology) and whether an area was long-established or more transient with significant numbers of new-comers.   Comments were made about the lack of community cohesion or connectedness there would have been in previous generations.

If you're talking about areas where people have lived all of their lives – they have connections.   But where I am (Sheltered housing schemes) people don't have connections – their family is all over the place.

In the likes of Braniel or Belvoir or East Belfast – everyone knows each other – but here – people don't know other people.

Reliance on the phone – for social contact – was also highlighted by a number of participants and they placed high value on this in terms of them also being able to phone and contact other older people living on their own.

My nearest family is Dublin – so I don't see them too often – but he rings every day.

These participants indicated that the only person they are assured of seeing at their home on a daily basis was the postman.   Most of these individuals went out – to the shops, to groups, to meet friends – and this is where they had their social contact.

4.2   Findings from Interviews
Interviewees were asked about the number, type and frequency of contact[46] in terms of people that physically call with them and the number, type and frequency of people who phone them.[47]

4.2.1 People calling with interviewees
The chart overleaf provides an overview of the range of different callers coming into older people's homes together with the comparative number of older people with callers in each of the categories.   A number of key findings can be highlighted:

- All respondents had some form of caller – although in some cases this was categorised as other.
- The highest level of callers to the older people in the study was family – including children, grandchildren, siblings, cousins etc.

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[46]   In terms of frequency – this varied depending on the person who was making contact – for the purpose of analysis the most frequent level of contact noted by the interviewee was recorded.

[47]   *Do any of the following people call with you?* And *Do any of the following people phone you?*   Both questions unprompted and then prompted using a prompt card.
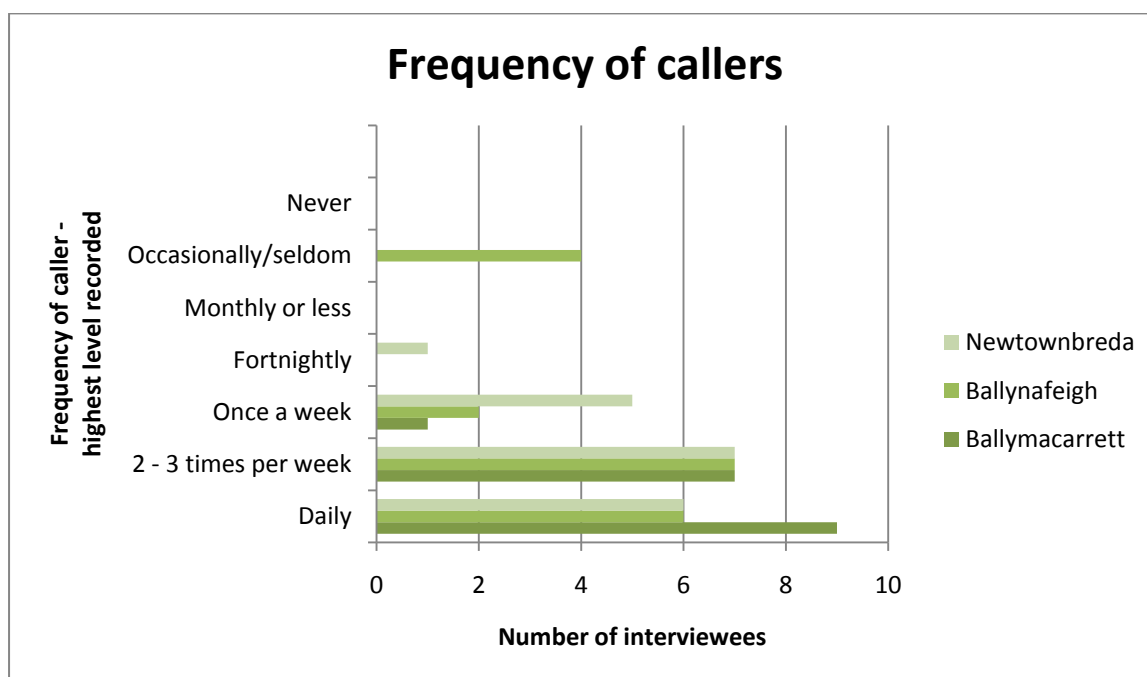
- There was a higher level of calls to the home made by statutory services in the Ballynafeigh area – this included social care staff, social workers, chiropodists etc.
- The highest frequency of callers from the private sector was in Newtownbreda – this included private cleaners, window cleaners, gardeners etc.
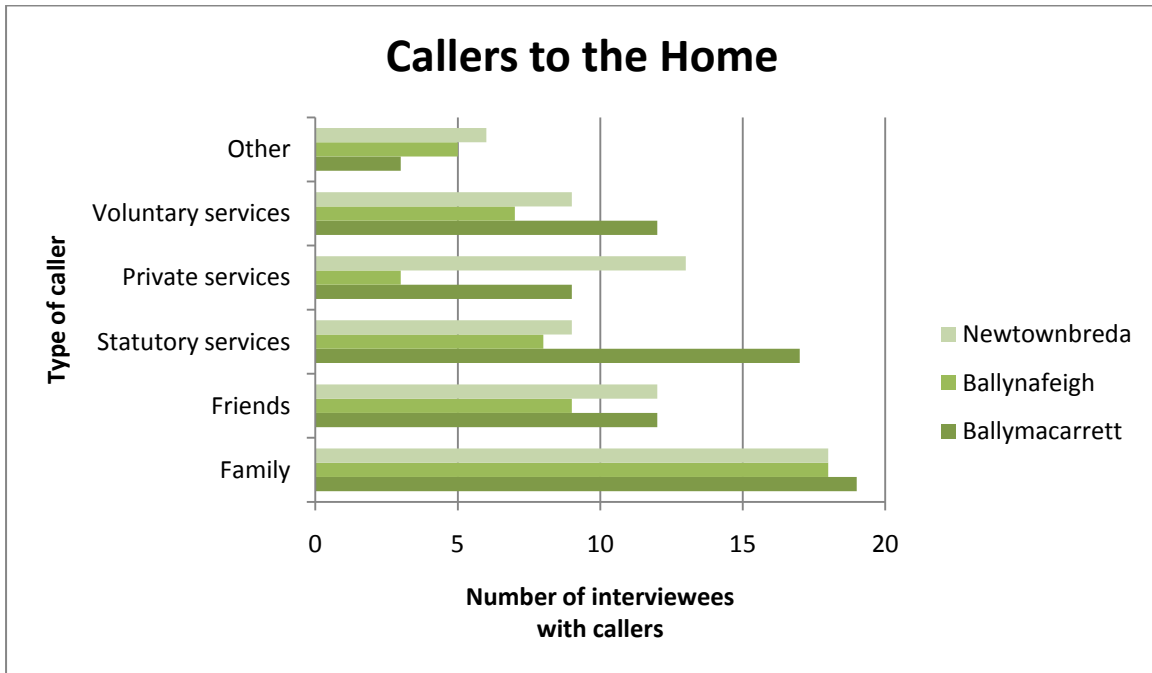
Callers to the Home

Further analysis indicated that the number and type of family callers to the home did not appear to be consistently affected by the age of the older person, as demonstrated in the chart below.
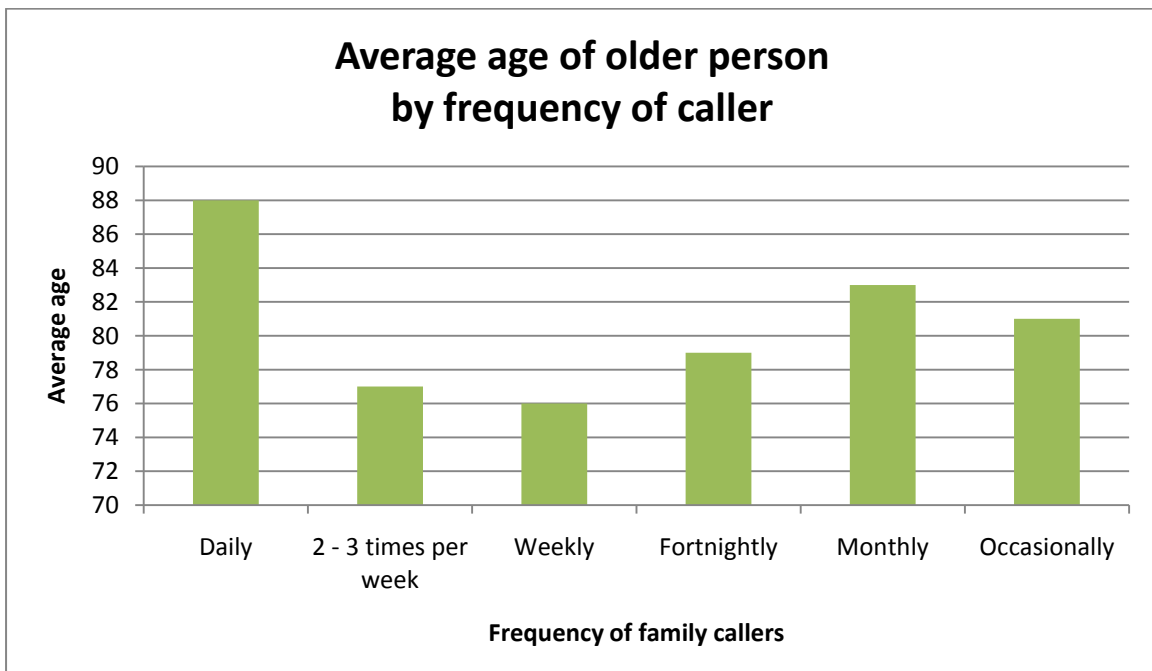
Average age of older person by frequency of caller

In addition, the frequency of callers to each interviewee was analysed by recording the most frequent caller.   The chart below indicates that the highest level of daily contact was in Ballymacarrett.   Findings for Newtownbreda suggest that most people have a caller at least once a week, whilst analysis for Ballynafeigh suggests that whilst most people have a caller daily or 2 – 3 times per week, a small number have only occasional callers.

Frequency of callers

Number of interviewees

Frequency of caller - highest level recorded

- Never
- Occasionally/seldom
- Monthly or less
- Fortnightly
- Once a week
- 2 - 3 times per week
- Daily

Legend:
- Newtownbreda
- Ballynafeigh
- Ballymacarrett

Family
- Only 5% of people have no contact with family;
- Nearly one fifth (19%) of interviewees have daily contact from a family member including children, grandchildren, siblings and cousins;
- Nearly two thirds of people (62%) have weekly or more than once a week contact with family;

My brother's daughter calls with me 4 times a week and my daughter-in-law would also call 3 – 4 times a week. I also have a grandson who stays with me overnight and he shouts into me in the morning – see you later. (South Belfast)

Only cousins – well Dorothy comes every Wednesday and gets my pension and on Saturday and does my shopping and brings in everything I need – when she gets back we have a cup of tea and a chat. (East Belfast)

My son comes every day – he has not missed a day in a long time. (Castlereagh)

Friends
- Just over a half (57%) of people have contact with friends – conversely therefore, 43% of the older people interviewed have no contact with friends;

I have one friend who calls occasionally but most of my friends I have lost touch with – so nobody calls but I manage ok.   (South Belfast)

I have a neighbour who would call with me monthly.   I have a friend who would visit me once a week and another who would call every 2 weeks. (Castlereagh)

Used to be a chap called but the last few times he was here he just sat and slept, I think like me its old age he is just going downhill – it could be medication but I think it's old age.   (East Belfast)

All my friends are gone.   (South Belfast)

Statutory Services
- Nearly two thirds (59%) of respondents have face to face contact with representatives from statutory services – one quarter of all respondents see someone on a daily basis – including home helps, district nurses etc.
- 41% of respondents never have any contact with statutory services.

I have a carer who comes in the morning and makes my breakfast and leaves a sandwich for lunch.   (Castlereagh)

Private Services
- Nearly half (43%) of those interviewed have some sort of private service coming into their home – this was highest amongst those living in South Belfast (16 out of 19)

I have a cleaner once a week and a gardener once a week.   (Castlereagh)

Voluntary Services
- Nearly half (48%) of respondents had someone from a voluntary organisation coming in to visit them in their own home – this was mainly churches/church workers. The majority of these were occasional visits (29% out of total interviewees).

Someone from the church or a church elder will call once a month. (Castlereagh)

I have a very good Minister who is more than good to me and he gave me his mobile phone number in case I need him.   If he sees me on a Sunday he knows I'm alright but if I was not there, he would come.   (East Belfast)

The minister from the church will call quite regularly and will bring all the stuff and gives me communion.   (South Belfast)

Despite often quite chronic situations in terms of health, mobility and ability to get out and about, for some older people their situation was alleviated and made bearable by the daily contact and informal support provided by family and friends as illustrated by the following case study.

Case-study

Mary is a widow in her late 70s living in East Belfast. She appears to be virtually bed-ridden and she is unable to walk any distance or go out and about. *Oh God no – I couldn't go to the shops – it would be too much.* She talked about all the implications of poor mobility within the home, and her difficulties in even getting to the toilet. *Trouble getting into bed and trouble getting out of it.*

Despite this fairly chronic situation Mary presented as a woman who had accepted her lot and who did not feel either particularly isolated or lonely and who was quite content in herself even though she can't get out.

She talked at length about numerous family members and friends/neighbours who come in to see her. She mentioned one old friend who comes to see her every day. *An old friend – she moved near here in 1969…she's very very good to me… and there's another friend round the corner.* And she talked about a neighbour two doors up who calls in, folk from church who call, her brother who comes on a Tuesday and the hairdresser who comes on a Wednesday. She did however say that she didn't like people (particularly not close friends and family) to see her in this situation. *I really don't want anyone to see me like this but anyone who comes in will be made welcome.*

In addition, she noted that one of her sons lives with her and she did acknowledge that he is very good to her – there in the morning and evening, leaving her lunch and making her dinner, and doing things like tiling her bedroom floor to ease clean-up problems from toileting accidents. Mary said she has three other sons – but then outlined a range of factors why she doesn't see some of them and a variety of family disputes and issues. And she talked at length about her own Mum and sisters and things they did in their childhood.

In spite of all this activity and people visiting, Mary did acknowledge her concerns about safety and security. Her front door is more often than not left open to facilitate visitors, and she worries about the potential risk this might serve.

I'm afraid at nights – always afraid of them standing at the corner there – young people. A young guy came into me once and said – I want some money – but I was able to get him out of here – I just had my stick – I said I'll take this stick to you – and he run out then. I was frightened…I don't like noise at all.


Mary did not present as being overly lonely and isolated.   She talked about what she does each day including reading (and her reliance on the Mobile library), watching TV and writing in her diary.   *I'm a great reader – I love reading.*

In terms of support within the house Mary said she was content with what her son does for her and that she wouldn't be interested in services such as a Good Morning Call and Meals on Wheels – *Had all them before love...some were good and some not so good – my son just leaves me what will do me....things like soup – he looks after me.* Overall she felt she had someone to do everything for her – although she then did mention that she would like chiropody provided more than every three months.

4.2.2 People phoning interviewee

The chart below provides an overview of the range of different people phoning older people.   A number of key findings can be highlighted:

- The highest level of people phoning the older people in the study was family
- There was limited variation by Ward
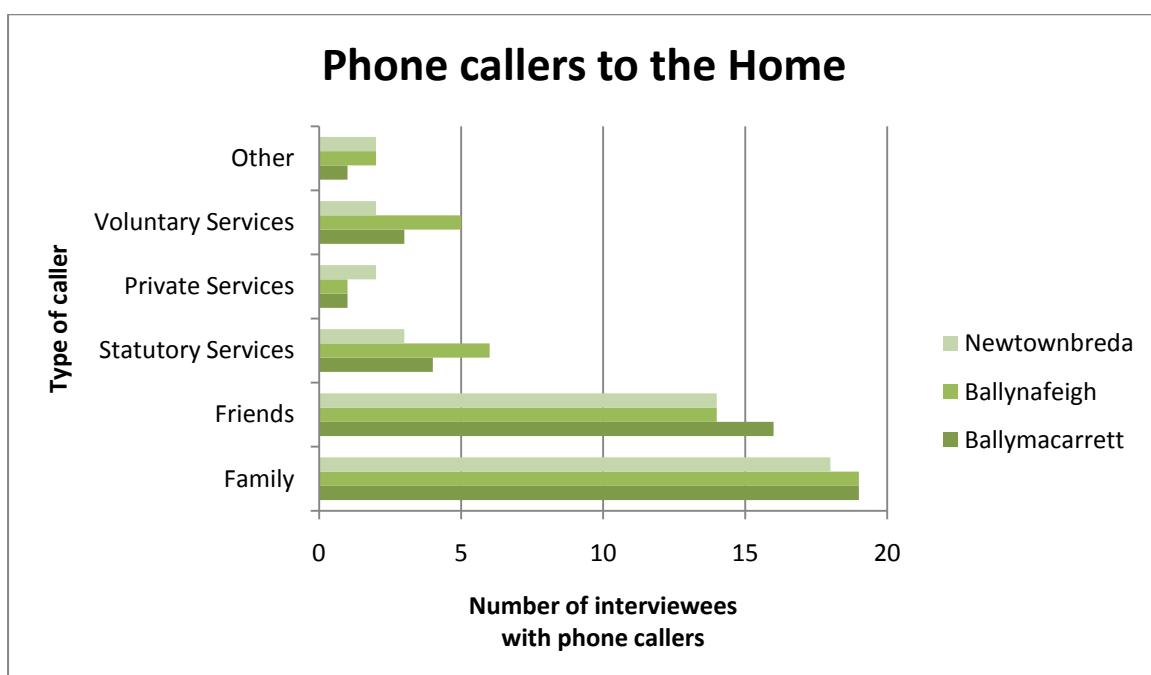
In addition, the frequency of callers to each interviewee was analysed by recording the most frequent caller.   The chart below indicates that the highest level of older people receiving a daily phone-call was in Ballymacarrett.   Findings for Ballynafeigh showed that a small number of older people in the study only received phone calls occasionally, whilst in both Ballynafeigh and Newtownbreda there was one individual who had no incoming phone calls – in one case the individual was hearing impaired and unable to hear on the phone.
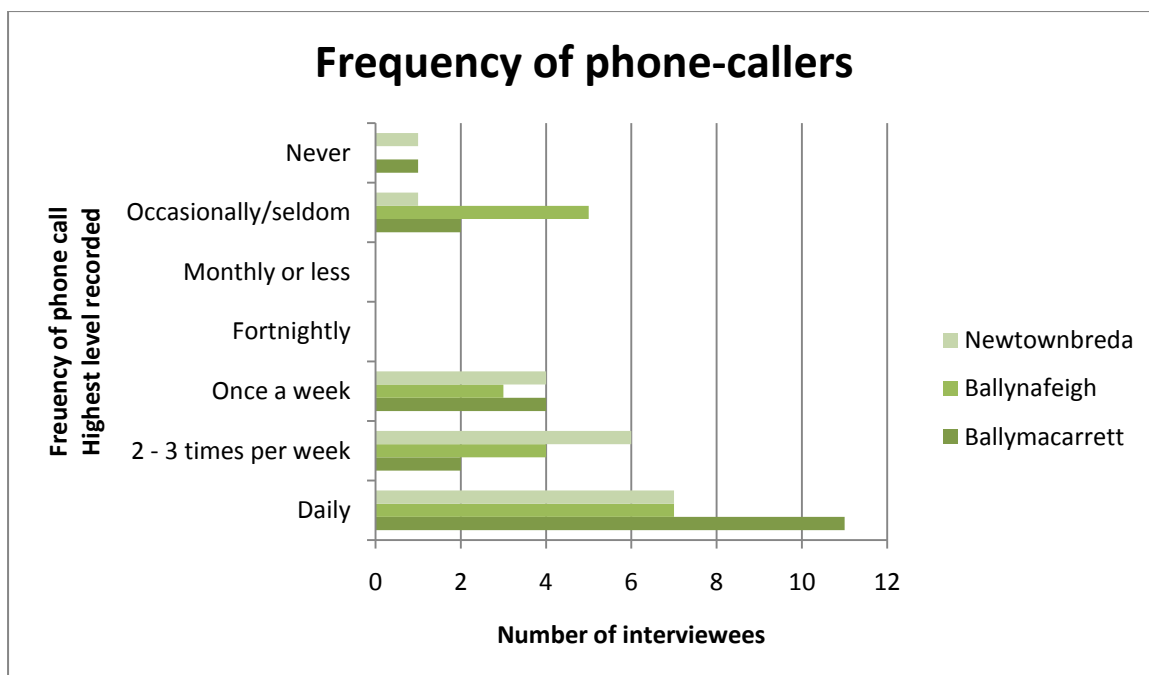
Frequency of phone-callers

Family

- Nearly everyone interviewed (97%) received phone-calls from family members – in three quarters (75%) of cases a phone call was received at least once a week;
- Nearly one fifth (17%) only received very occasional phone calls from family members.

I ring them and they ring me (family) – someone is in touch every day. (Castlereagh)

The phone never stops – my daughter, both sons and my cousins as well. My daughter phones twice a day – morning and evening – she would ring me and I would ring back.   My son would ring daily and my cousins.   (East Belfast)

My son – every day he would ring me – half a dozen times a day – and I have a brother in Wales who rings every couple of weeks.   (South Belfast)

Friends

- Three quarters (76%) of respondents said that friends phone them – however, one third of the total (33%) were occasional phone calls.

I have a friend of 60 years and we speak now and again.   (Castlereagh)

At one time I had lots of friends but since I've had my accident nobody bothers. (Castlereagh)

Friends from the senior group would ring me once a week.   (South Belfast)

Statutory Services
- Only one fifth (22%) of interviewees said they received phone calls from statutory services – and the majority of these were occasional (15% of the total interviewees)

The Social worker would ring on occasions to make sure I'm managing ok. (South Belfast)

Private Services/Voluntary Services
- The incidence of phone calls from private services and voluntary services was also relatively low – 7% and 17% respectively.

4.3   Key Messages about social connectedness
Both the Focus groups and the interviews indicated that older people rely heavily on people calling with them and phoning them in order to both remain physically connected to their wider community, and to enable a feeling of social connectedness.   The importance of regular face-to-face and phone contact for older people cannot be underestimated.

This part of the research indicated the following:
- Significant levels of older people (as reported in the Focus groups and interviews) do not have someone calling with them on a daily basis. Reasons for this included the dispersion of close and wider family members, fact that family and friends are busy, friends have died or are unable to visit any longer (43% of the older people interviewed had no friends visiting them);
- The frequency of callers is higher in areas which are more deprived and are perceived as being more close-knit – Ballymacarrett demonstrated the highest level of daily contact coming into the home;
- The highest level of callers reported in the study was family – including children, grandchildren, siblings, cousins etc.   Only 5% of people have no contact with family – and nearly one fifth (19%) of interviewees have daily contact from a family member;
- Deprived areas tend to have more calls to the home from statutory services whilst more affluent areas have a higher frequency of callers from the private sector.   Overall 41% of respondents never have any contact with statutory services;
- The role and value of voluntary services – in visiting older people should not be ignored.   Nearly half (48%) of respondents had someone from a voluntary organisation coming in to visit them in their own home – this was mainly churches/church workers;
- Older people rely heavily on the phone to receive incoming phone calls – to stay in touch, receive support etc.   The highest level of people phoning the older people in the study was family.   The highest level of older people receiving a daily phone-call was in Ballymacarrett;
- Only one fifth (22%) of interviewees said they received phone calls from statutory services – and the majority of these were occasional.

# 5	Research Findings - Experience of loneliness and social isolation and living alone

This section outlines findings around older people's experience of loneliness, social isolation and/or living alone – as noted in Section 3 these terms are often used inter-changeably but do not necessarily all apply to each individual.   For example, an older person may be living on their own but not be lonely or feel socially isolated.   A different individual may have significant levels of social contact but still feel lonely.

The Focus groups helped to suggest how older people define and use these terms and the interviews provided an opportunity to use and test the findings of an internationally developed and utilised scale of loneliness.

## 5.1	Findings from Focus groups
The majority of the participants in the Focus groups described themselves as older people in very positive terms.   This was clearly connected to the fact that the majority of them were still actively involved in their communities – and indeed within the older people's forums serviced by EWA and in some cases they formally and informally worked with older people.

Two pictures of older people emerged – firstly those who are positive and independent and secondly, those who are starting to lose their independence or who have become more dependent.   Within this latter group it was acknowledged that older people fiercely fought against being (or being perceived as being) weak or a burden.

Very often if you ask them – they'll say – I'm alright – and you have to break that particular barrier – and then ask things like – how are you off for shopping or getting library books?

They don't want to be a problem to anyone or a burden – they're concerned about their families. Very often they have family but they don't want to disrupt the families lives – they say he or she's got their life to live – they don't want to deal with me all the time – they don't like asking for help.

They want to hold their independence for as long as possible.

Participants highlighted the main tipping points between moving from the first group of older people into the second.   This was viewed largely around loss of a partner, declining health and mobility and the loss of other friends/family as they too age.

Especially when they lose a partner and it gets worse....and they find that they're maybe going to have to go into care...but trying to hang on.

It's basically that there is an age difference between when you're 60 and when you're 70 – those 10 years make quite a difference – I can tell you that...the world has changed.

It was also recognised that loneliness cuts across all boundaries including religion, social class and finance, ethnicity etc.

Some of the loneliest people I have met are very comfortably off financially – money isn't an issue – but they are very lonely.

The importance of home – living in your own home, retaining and maintaining your own space and place, memories and sentimentality – was highlighted in all the Focus groups and meetings.

They love their home – and they don't want to move – in fact they don't even want some things – for instance getting gas put in – want to keep their open fire.

Comfort, your own front door and your own chair...Always have your own corner.

I like my own corner – I won't give it up for anything.

Living at home – alone – however was not without its concerns and participants highlighted issues around safety, security, anti-social behaviour in local area, getting someone reliable to do odd jobs and maintenance, and ensuring a home could be adapted to meet developing health and mobility needs.

There's also a security issue with older people – with younger people coming in – a lot of older people don't trust younger people any more.

It was highlighted on the radio this morning – that because we're in a credit crunch at the moment – there'll be more burglaries and crime – that raises the level of fear.

You're not safe in your own home – I feel like a prisoner in my own home – I have to keep the doors locked – I don't open the door to anyone at night unless you know they're coming.

5.2 Findings from interviews

The Focus group discussions provided useful background in drafting the interview schedule.   It was recognised that social isolation and connectedness to their local community often relate to a person's mental health and how they feel about themselves.   It was therefore agreed to incorporate a loneliness scale[48] into the interview schedule.

Interviewees were asked[49] to indicate where they would place themselves on a scale (fully agree to not agree at all) for the following statements:

There is always someone I can talk to about my day-to-day problems
I miss having a really close friend.
I experience a general sense of emptiness
There are plenty of people I can lean on when I have problems
I miss the pleasure of the company of others
I find my circle of friends and acquaintances too limited
There are many people I can trust completely
There are enough people I feel close to
I miss having people around me
I often feel rejected
I can call on my friends whenever I need them

Initial analysis provided the following findings:

There is always someone I can talk to about my day-to-day problems

70% of respondents felt this was true for them – with 16% indicating that this was not the case.

Yes, but nothing bothers me – I have plenty of people to talk to.   (East Belfast)

I have no one to talk to.   (South Belfast)

The only one I can talk to is God whether in bed, my wheelchair or the armchair – that's all.   (East Belfast)

I miss having a really close friend.

Nearly half of interviewees (46%) agreed fully with this statement, often indicating that they particularly missed their deceased spouse.

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[48] Taken from *Manual of Loneliness scale,* VU University Amsterdam, Department of Social Research Methodology, de Jong Gierveld, J & van Tilburg, TG, (1999).
[49]   *I'd like to talk now a bit about how you feel generally about yourself.   I have a series of statements which I'll read out – and if you can indicate to me on this scale (Show cards for question 4) how much you think the statement describes or relates to you.   (100% is fully agree and 0% is do not agree at all)*

I would say it is true – I lost a really close friend – we served our time together, worked together – he just dropped dead about a year ago and he is often on my mind.   (Castlereagh)

I miss my husband because he was my best friend.   (South Belfast)

I experience a general sense of emptiness
Responses to this statement were fairly evenly spread with just over a quarter (28%) saying this was true for them, around one third in the middle (35%) and over a third (37%) saying this was not the case for them.

Yes, mostly about my husband – when I get down I have a good cry.   (East Belfast)

I agree with that – sometimes you will say what is the point if I get low – my mood gets low.   (South Belfast)

I am quite happy on my own – if I was on my own all day I'd be ok.   (East Belfast)

There are plenty of people I can lean on when I have problems
40% were in full agreement with this statement, with a quarter (25%) totally disagreeing.

No, but I can lean on my two sons – I don't have anyone else.   (Castlereagh)

I miss the pleasure of the company of others
Just over one third (35%) were in full agreement with this statement, again often referencing their husband or wife.   32% said this was not an issue for them.

It's my husband more than anyone.   (South Belfast)

I find my circle of friends and acquaintances too limited
Forty per cent of respondents said this was the case – with a similar proportion (42%) saying this was not the case.

I have no circle of friends but I'm quite happy the way I am.   (East Belfast)

I haven't many friends left – it's not the way it used to be.   (South Belfast)

There are many people I can trust completely
Again the scores were fairly well split across those who agreed with this statement 100% (33%) and those who felt it did not apply to them – 0% (31%).

No the only people I can trust are my family.   (Castlereagh)

There are enough people I feel close to
More than half the interviewees indicated a 100% response to this statement (55%) with only one in five saying they fully disagreed (21%).

There are a few – I don't have a lot of people close to me – sometimes I feel very lonely – it's hard because I am very particular. (East Belfast)

I miss having people around me
Again respondents were split on this one – with 40% in both groupings – 100% in agreement and 0% agreement.

Yes I do – you know when you used to have plenty of friends. (Castlereagh)

I often feel rejected
One quarter of respondents (24%) agreed with this statement – however, nearly two thirds (62%) said they did not.

Yes, no one puts themselves out to come and see me except family of course. (Castlereagh)

I can call on my friends whenever I need them
Two thirds of respondents (66%) agreed with this statement.

Further in-depth analysis was undertaken on these interview responses.[50] This showed the following:
- There appear to be differences between the levels of loneliness reported by people grouped according to marital status with divorced/separated people experiencing the highest levels of loneliness followed by those who are widowed – see chart below[51];
- Older people with poorer health tend to report more feelings of loneliness – see chart below;
- There was no clear difference between average loneliness scores for men and women or any clear trend found between age and loneliness in the study (any differences relating to age would need to be assessed on a larger sample);

The original sample[52] found the lowest average loneliness scores of 1 for older adults living with a partner, who also had a large social network and the highest average loneliness scores of 4.9 among single divorced older adults with a small network. The divorced sample in the East/South Belfast and Castlereagh study had a mean of 8 and the overall average for the total sample examined (58 cases) was 5.78. These both indicate a higher level of loneliness, using this scale, but caution should be applied in the sense that this was not a randomly selected sample.

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[50]   This analysis and write-up was undertaken by Dr. Janice Christie, Teaching Fellow/Deputy Director Doctor of Nursing Practice, Queen's University Belfast
[51]   Caution – low number of single people in study
[52]   Ibid

Average loneliness reported by marital status

Mean Loneliness vs *Marital status* (Single, Divorced or Separated, Widowed, Married)
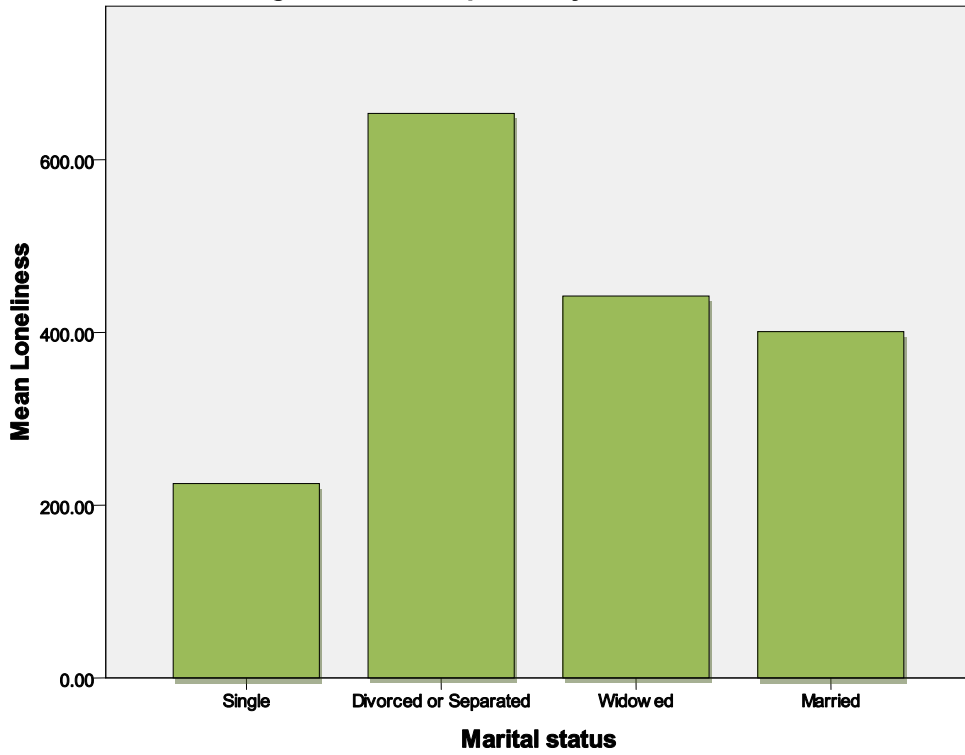
Average loneliness reported by people with poor, fair, good, very good or excellent health

Mean Loneliness vs *Health* (Poor, Fair, Good, Very good, Excellent)
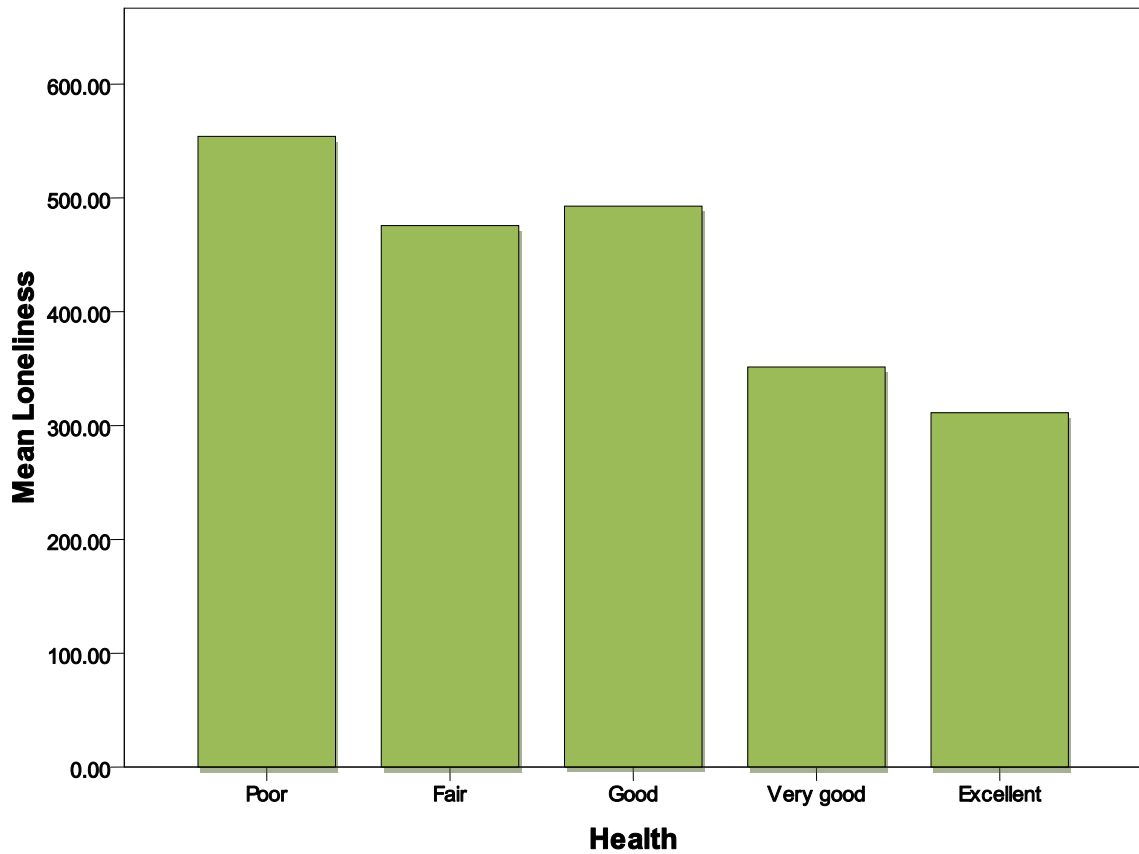
The use of the loneliness scale enabled older people – in a more detached way – to indicate how lonely they might feel, despite apparently still being active.   In a number of cases this loneliness was linked to the loss of their life partner, as illustrated by the following case study.

Case-study

Bobby is 80 years old and has lived on his own since his wife of 40 years died five years ago.   Bobby presented as a person who keeps himself very busy in practical terms.   *I'm here – I try to keep the place clean and decent – I do the washing and the ironing – everything – and I tend to both gardens – front and back…I just love plants.   It's the way I was brought up.* He has no help or services coming into the house and is fit and healthy for his age.   *Thank God that I'm fit for it – I feel now that I'm as strong as I ever was.* His house was very clean, tidy and well looked after, and he obviously had a sense of pride in his gardens.

Bobby has family that visit and contact him – on a daily basis.   He has one daughter and two sons.   His daughter *normally comes in every Tuesday on her way home from work* and he sees one of his sons occasionally because he lives at a distance.   He has no contact with the other son due to a family fallout.

Bobby also talked about a number of friends – with one particularly good friend with whom he goes out walking every day.   *His wife's gone too – but he would sob there when he thinks back.*   And he spoke about some of the things he goes out to including church services, a Men's group at church and to the shops.   Despite all of this Bobby talked about loneliness – particularly related to the death of his life partner *by God I miss her – I loved her and she loved me.   We were very seldom apart.*   He also talked about missing his dog that had died a few months ago and about particular times and occasions when the loneliness – feeling of being on your own – is at its worst.

He said Saturday was a lonely day *because we used to go to a club every Saturday afternoon – have your lunch – and then later there was a dance.* But he said he wouldn't go on his own – *because when you see other men still going about with their wives…things will never be the same again – that's obvious.*   And he talked about holidays and places they had loved to go to together, showing photos of their times in Blackpool.   *I've been nowhere since she died.*

When asked about support that could be provided to him Bobby was clear that he didn't want any assistance from services such as Good Morning Schemes, Meals on Wheels, Door to Door transport and queried how befriending schemes would work.   *You would have to have someone you liked.*   Overall Bobby seemed content with his current situation and felt he was fit and healthy to continue living at home from a practical point of view.   There was however a feeling that having lost his wife things would never quite be the same again for him.

5.3 Key Messages about the experience of loneliness and social isolation and living alone

Loneliness is clearly a subjective feeling – dependent on a range of factors and an older person's response to these – and varies from person to person. The use of an internationally validated Loneliness scale within this research enabled references to be made to the nature and scale of loneliness experienced by older people in this study.

This part of the research indicated the following:
- There appeared to be differences between the levels of loneliness reported by people grouped according to marital status with divorced/separated people experiencing the highest levels of loneliness followed by those who are widowed;
- Older people with poorer health tended to report more feelings of loneliness;
- There was no clear difference between average loneliness scores for men and women or any clear trend found between age and loneliness in the study;
- Loneliness was often verbalised in relation to the loss of a life partner and to a lesser extent to the loss of wider family and friends – with 46% saying that they missed having a really close friend and 35% saying that they missed the pleasure of the company of others.

6 Research Findings - Getting out and about

Older people's experience of being socially connected and the opportunity to prevent or diminish feelings of loneliness is clearly in part at least directly linked to their ability to get out and about. This section reviews findings from the interview stage around older people's ability/capacity to get out and about.

6.1 Findings from interviews

Respondents were asked about how often they go out and where they go to. The chart below provides an analysis of the number of interviewees who said that they *never* went out to the range of destinations listed. Whilst the majority of interviewees indicated that they did go out to the shops, significant proportions said that they did not go out to voluntary groups or statutory services.
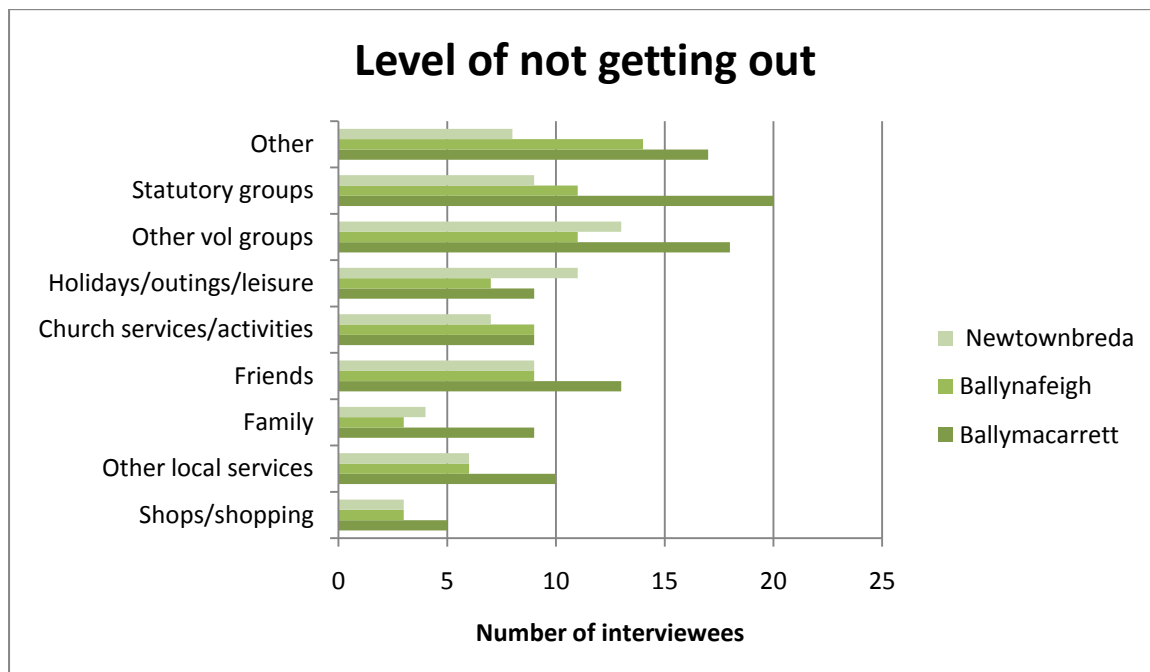
Shops/Shopping

- One fifth (19%) of respondents never go to the shops.
- Analysis indicated that there was no direct relationship between either health/mobility issues and increasing age in terms of not going out to shops or other local services.
- The majority of respondents go to the shops on a weekly or 2 – 3 times per week basis (62%).

My home help gets all my shopping now. (South Belfast)

I never go to the shops – my daughter would get all my shopping. (South Belfast)

When I was mobile I went to Sainsbury's and Tesco's once a week – but now I have to rely on my sons or daughter so I just go where they take me. (Castlereagh)

Other Local Services
- Nearly 4 out of 10 (38%) respondents said that they never went to local services – including Post office, library, hairdresser etc.
- A further group (41%) said they used these services on a weekly or more basis.

I go to the PO, Library and bank every week – if I can't make it my son or daughter will go for me – but I would rather go and do it myself. (Castlereagh)
No Violet lifts my pension for me. (East Belfast)

I need someone to go to the post office for me because I am partially blind – that is usually my daughter. (South Belfast)

Family and Friends
- A quarter of respondents (28%) said they never went to visit family – with a further 26% indicating that this was an occasional occurrence. A number of individuals talked about transport and mobility issues and said that their family tended to come and visit them.
- A similar picture emerged for friends – with 53% saying that they would never visit friends and a further 10% saying only occasionally.

No – I don't do a lot of visiting now – most of the friends I would have visited are all dead. (Castlereagh)

I have no friends – they are all dead – at 83 what else can you expect. Well – see how many friends you have when you get to 83? (East Belfast)

I go to visit my daughter 2 – 3 times a week – I do some odd jobs for her. (South Belfast)

Church services/activities
- Whilst 4 out of 10 respondents (43%) said they didn't go to church or church activities, a significant proportion said they attended church or church groups on a weekly or more basis (45%)

I would go to church on Sunday. I also go to a club called Senior Moments on Mondays in the Pentecostal church. (Castlereagh)

I have not been to church for a long time – used to go to the Tuesday Break Club with my wife before she died – she died a year ago and her last year was very bad. I intend to go back when I am able. (Castlereagh)

Most Sundays I would be in church but have not been able to go lately. (East Belfast)

Oh yes the church plays a big part in our lives. A car comes to take us to the church twice on a Sunday and twice during the week to take us to meetings. (South Belfast)

Holidays/outings/leisure activities

- Nearly half the respondents (47%) said they never took a holiday or went on outings with a further 21% indicating that this was a seldom occurrence. Many of the respondents commented on the loss of a partner and a lack of anyone to go with.

"I have not been on holiday since my wife died – she was a wonderful woman and we had a great life together.   (Castlereagh)

I would not be interested in bus runs – they would all be chittering amongst themselves and I wouldn't be able to hear them. I would rather have one to one.   (East Belfast)

After my wife died I went over to Blackpool and I wandered about on my own and felt lost and I thought never again.   Everybody needs a partner to go with to have a yarn….   (South Belfast)

Other voluntary groups/providers and Statutory groups/providers

- Only one in five respondents regularly (monthly plus) attended a voluntary or statutory group or activity (21% and 19% respectively).

No to be honest with you I am a bit of a loner – I'm not into all girls together and these pensioner groups – I'm not really into that – I'm just a bit of an odd ball anyway.   (South Belfast)

Case-study 5

Anna is 96 years old and lives on her own in Newtownbreda.   She comes across as a very contented, bright and vibrant lady – who despite physical deterioration remains fully in charge of her mental facilities.   She gets around using a walking frame and has a stair lift to get up and down the stairs.   Anna was a Music teacher and still plays the piano every day, and loves to listen to music.   *I couldn't live without my music.*

Anna is unable to get out and about – the path and steps at the front of her house are too much for her now.   One daughter did try to take her out by car – but it was impossible to negotiate the wheelchair from the front door to the car, and for Anna to get into the car.   She has a great fear of over-balancing if she stands up with her walking frame.   She indicated a sense of loss – *I can't even get out into the garden.*

Anna has three children (all now in their 50s and 60s), only one of whom lives in Northern Ireland.   There are no grandchildren and Anna indicated a sense of loss in this regard – of perhaps a situation that might have been different in older age. Anna talked about how she misses her husband – they were married for 63 years – and feels there is no-one to talk to.

Anna had injured her hip last year and was in hospital for three months - despite this declining physical health she stated that her GP never contacted her when she came out of hospital and that she has had no contact with him over the last year. No physiotherapy was offered once she was home from hospital.

Anna said *I could go a week without seeing anyone* – other than the carers that come in on a daily basis. She had a pair of carers for a period of time that she was on first name terms with, and a bond of friendship had built up. Then following a Social Services assessment the Trust decided that Anna needed a higher level of care – and they organised a different care package with different carers. This has aggrieved Anna greatly – not least because she said *they didn't ask for my opinion* – and now there is no way that she can get the carers she was comfortable with back. Whilst the current care and support provision is good – she does not feel the same bond or connection – and feels that the carers are only here to do a job – *to get in and out as quickly as possible – they wouldn't help you with anything else – it's the small things like I can't reach things in the fridge or empty the bin.* She said that the Agency support *isn't the same.* She also talked about the timings that she now has to abide by – getting up at 6.45am because that is when a carer comes in – *I'm sitting here at 7 o'clock each morning eating my breakfast.* She did feel that Social Services were a support overall – and that a named social worker would call out to her and also ring now and again.

Anna talked about the little things that she finds impossible to do – *I can't lift the kettle....I can't put my clothes away.* She said she tries to make her own meals – but queried how good the semi-chilled meals provided for evening time were, given they have to be heated in a microwave.

Anna feels that she manages – with the help that comes in. She pays a lady privately (for last 15 years) to do the shopping, housework and generally help around the house. Anna herself continues to pay the bills and manage her own affairs. She has a circle of friends, but has found that age has crept on and *they are all dying away now...*She relies heavily on the phone with a lot of friends phoning her and she also still writes letters. A number of people call with her – in particular she mentioned the local Women's Institute – and one of their members who visits, brings books and generally keeps her up-to-date with everything that is going on. *I get to know about it all.*

6.2 Key Messages about the older people's experience and ability to get out and about

This part of the research indicated the following:
- A number of older people indicated that they did not go out or leave their home for basic functions such as going to the shops (19%);
- Whilst the majority of interviewees indicated that they did go out to the shops, significant proportions said that they did not go out to voluntary groups or statutory services.

# 7	Research Findings - Barriers to participation and reasons for social isolation

A key objective of the mapping exercise was to establish the reasons why older people find it difficult to participate in their local community, get out and about and/or become socially isolated.

## 7.1	Findings from Focus Groups

This was a key theme raised at the Focus group stage, taking a disproportionate amount of time in the discussions. In addition, the theme of barriers to participation and engagement were often raised in advance of being raised by the facilitator and participants tended to go back to this theme repeatedly. It was clear by the volume and range of comments that participants had clear views on what barriers older people face on a daily and ongoing basis as they go about their everyday lives.

The findings of these discussions are summarised below – and these were then used as the basis for question formulation at the interview stage. Through the Focus groups it was clear that older people's ability to participate and prevention of social isolation relies directly and to some extent exclusively on their ability to get out and about from their own home. Taking this on board the interview questions focussed on factors restricting or preventing an older person (and specifically the respondent) getting out.[53]

Perceived barrier	Quotes
Personality – this was raised in terms of people being shy, being intrinsically a private person and not wanting to join/go to a group, lack of openness in groups to new people. It was also raised in terms of wanting to remain independent and not appear to be in need.	*No-one to encourage and bring you to places.* *Some people are very private people – they feel if they go into a group they're going to have to share part of themselves – something they've never done.* *They don't like to ask for help – they're very independent.* *Another thing is that for people who are lonely – because they're on their own, they don't want to go down <u>on their own.</u> Going some place where they don't know anybody.*

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[53]   *Which of the following factors restrict or prevent you getting out?* and *to what degree does this factor restrict or prevent you getting out?*   Interviewees were asked to rate the l**evel of restriction/prevention for them** between '1' – which is very low occurrence to '5' - very high occurrence.

Perceived barrier	Quotes
Transport – this was a wide ranging discussion in each of the groups from fear of public transport, inability/lack of mobility to use – or get to public transport, range of quality of wheelchair transport, lack of funding for groups to provide transport.	*Groups don't get funded to get them from A to B* *No assistance from taxi drivers – you will get the odd one who will help.*
Group dynamics – including lack of openness in groups to integrating new people, fall-outs within groups	*Lot of fall-outs happen in groups – because they've fallen out with someone in their group – they don't go back to their group – and then they become very isolated – because they're afraid to bump into the person they fell out with – they sort of insulate themselves.*
Lack of information on what is available – impacting directly and negatively on older people participating. Also discussion on format and availability of information – access to internet etc. – and completion of forms, e.g. for Door2Door transport. The point around information was highlighted in several discussions when different participants had not heard of schemes/updates other participants mentioned e.g. new regulations around pharmacy opening hours, FOLD's Staying Put service etc.	*The 2nd thing is – it's alright saying there is all these wonderful things – a lot of people who are isolated don't know anything about these groups – information and communication.* *Forms frighten people off.* *They will not ask for help – but if you ask them – if they need information. Because so many just don't know. When they get forms they just can't understand them – and so they just don't bother...* *There is a lack of people's awareness. People are struggling on with things that could have adaptations done.*
Health – poor mobility, sight and hearing – all impacted on a person's ability to get out and about	*Physical barriers and mobility problems - Where we live is quite hilly – and if you're not fit to walk up that hill to get the bus.* *I think older people are fine until their health gives up – and then they have problems that they can't get out and about – declining health and illness – they say they're done.*
Other factors such as gender, language, lack of motivation etc. A lack of spoken and understanding of English was highlighted as a significant barrier for older Chinese people – of the 140 Hoi Sum members only around 10 would have good spoken and understanding of English. This affects all communication – particularly noted was with health professionals.	*Men are more isolated than women...women are more social.* *There would be complacency – they want everything done for them – and you have to be willing to do a bit for yourself.*

7.2   Findings from Interviews

By far the most frequently noted factor – which older people said prevented or restricted them getting out and about – was health and mobility.   The chart below indicates the number of interviewees who scored '5' (causing highest level of restriction/prevention) across the various factors.   Fear of safety and security, together with interest and motivation were viewed as lesser factors.   In Ballymacarrett people also found that lack of information and having no-one to go with were relatively critical factors.
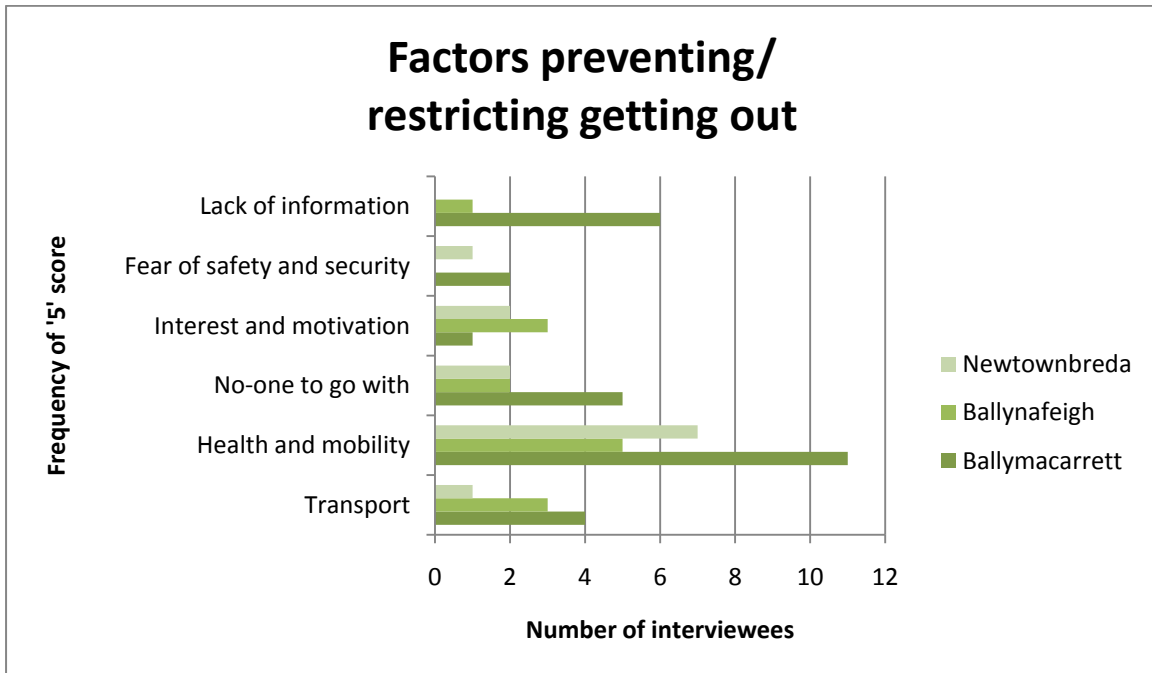
The following chart highlights the percentage of total interviewees who scored the various factors as 4 and 5 – a slightly different picture emerges between the factors when scores of 4 and 5 are combined.
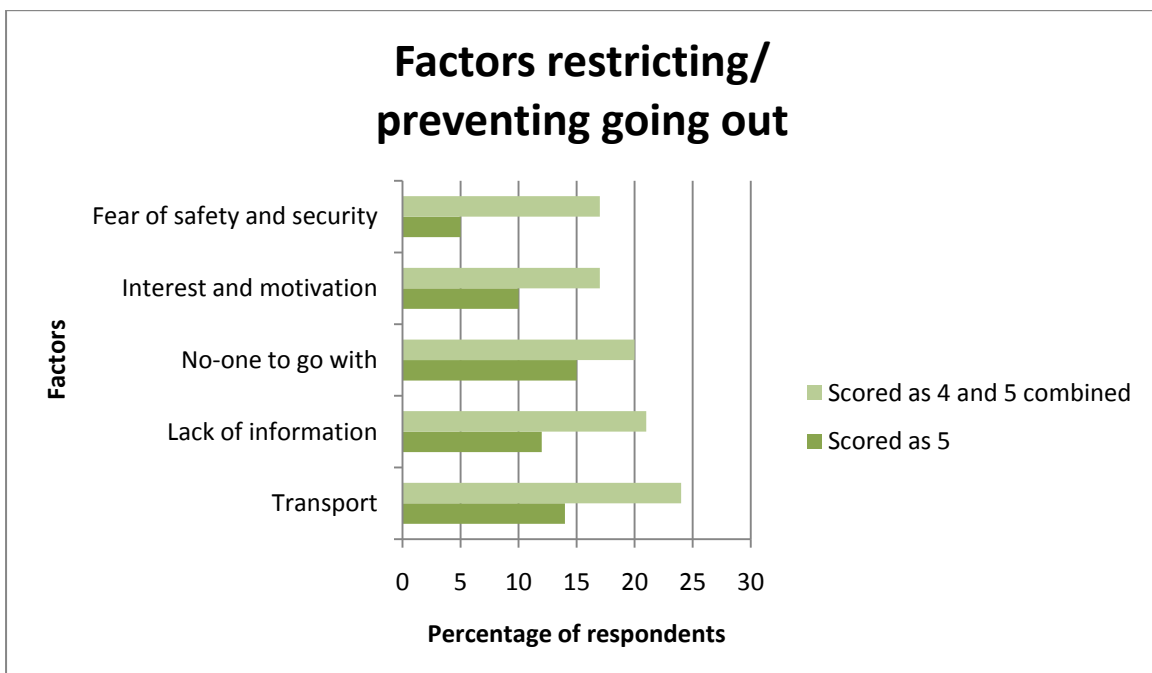
Health and Mobility

- Overall the factor with the highest frequency of '5's was health and mobility – this was recognised as the biggest factor in restricting and preventing older people getting out and about (40% of respondents answered '5' to this question). A further 15% ranked this factor as '4'. Taken together (55%) over half of those interviewed found their health and mobility was a significant factor in restricting or preventing them from getting out and about.

I can go with friends but I can't go out on my own. (East Belfast)

I have an overactive Thyroid, blood pressure problems and heart trouble – if I was a horse they would shoot me! As long as I can keep mobile and keep on the go I'll be alright. (South Belfast)

I find I can't walk very far any more – I also have diabetes. (South Belfast)

- For some individuals, whilst their health and mobility was poor, they said this didn't prevent them getting out.

I can't manage to climb stairs or walk uphill – no power in my legs – but it does not stop me going out. (Castlereagh)

Sometimes – other times I'm not bad – it just depends sometimes you are better than others. I still get out every day. I have diabetes – one day you're great and the next day you're not. (East Belfast)

No-one to go with
- As already noted this factor was the second most highly rated in terms of respondents scoring it 5 (15%).

No, I have been on my own for so long – I am happy enough. (Castlereagh)

Transport
- One quarter of respondents indicated that this factor did restrict or prevent them getting out and about.

I can use public transport but don't use taxis any more as they are too expensive. (South Belfast)

Yes, I find public transport is a big problem – last time I was on the bus I fell. (South Belfast)

- On the other hand 48% (those who said it didn't restrict or prevent them at all or scored this factor as '1') said that transport did not restrict or prevent them getting out and about. A significant number of these people pointed to their ability to use public transport and/or having access to their own car or being transported by a friend or family

member.   They did however refer to the future and how they would not be able to get out and about if they didn't have their own car.

No, I have a car – if I couldn't drive it would be a problem because I cannot walk too far e.g. the community centre.   (Castlereagh)

At the moment I have my car – now if I didn't have my car it would be a problem.   (East Belfast)

Lack of information
- Two thirds (67%) of people said that a lack of information did not prevent them getting out and about.   However, one fifth (21%) did say this was an issue for them.

Yes – if you (EWA) didn't tell us about things coming up we would not know and it's great the way you come and lift us.   (East Belfast)

Yes – lack of information is a problem.   (East Belfast)

No – I do get information but I can't read the print – but I would not tell them that – I'd be too embarrassed.   (South Belfast)

Interest and motivation
- Nearly two thirds (62%) said they had no or little difficulty in being interested and motivated in getting out and about.

No, I am highly motivated to out – it passes the time, I go out as much as I can because the house will be here when I am not.   (South Belfast)

I have plenty of interest and motivation to go out and do so when I can. (South Belfast)

- For nearly one fifth (17% ranked this '4' or '5') there was an issue with interest and motivation.

Low, very low – confidence is a big barrier to going out.   (East Belfast)

Sometimes I don't feel like going out – you feel your life is over at 70.   (South Belfast)

Fear of safety and security
- Whilst 60% of respondents felt this was not an issue, 17% ranked this as '4' or '5'.

Night time would be a problem going out.   (East Belfast)

As long as I'm with someone I would feel quite secure but otherwise I would not go out.   (East Belfast)

I had a break in some time ago and I still worry about the house when I go out. I think it's more because of my eyes – if you have your sight at least you have a chance against the other persons. (South Belfast)

Interviewees mentioned other factors that prevented them getting out and about and indeed which added to their social isolation. One such factor was having caring responsibilities in the home. In our sample of 58 older people five indicated that they had caring responsibilities, including for cousins, sister, mother and wife (two instances). The case study below illustrates the impact caring responsibilities have on older people.

Case-study

Jean is 60 years old and lives with her elderly Mum, as her full-time carer in what was the family home. Jean is divorced and her own daughter is grown up and living away from home. The situation of being a carer came upon Jean around 20 years ago as both her Mum and Dad got older, health problems became debilitating and her own personal circumstances were changing. *You are not asked to be a carer – it just happens without warning, without introduction and with no choice.*

As someone now approaching her own older years Jean highlighted the impact caring responsibilities have had on her – on her own health, her social life and friendships, and on her finances.

Jean is happy to care for her mother but she said *normal social life goes out of the window* and she outlined the difficulties in making and maintaining friendships. This has been particularly difficult as her Mum has not only physical health difficulties but also mental health and behavioural issues – she can be aggressive and does not like any variation from routine or things like incoming phone calls.

Life has also been taken over by domestic duties, the provision of meals and personal care and the administration of medication. Jean talked about the lack of social support systems for people like her, in her situation – and how this has led to isolation and health difficulties for herself. And for Jean the situation has brought sleep deprivation and exhaustion. In particular Jean highlighted the knowledge gap between being a carer for an older relative and the lack of knowledge in terms of how to cope, how to access the appropriate social services and support.

Jean now realises that she is a full-time carer – and is in contact with groups including Carers NI – in a bid to raise the profile of older people who themselves are caring for other older people – be this their parents, a spouse or indeed older people caring for their disabled children. Jean summed this up by saying *pensioners looking after pensioners! At the start I didn't know I was a carer.* Jean has successfully sought help from her doctor – but acknowledged that this has taken years. She has now navigated the maze of services, providers and professionals all involved in her Mum's formal care – as well as acknowledging, accepting and seeking the help she needs.

Carers NI provide a vital service to people caring for older people in their own home. Firstly, providing a carers assessment – to assess the needs specifically of the person providing care, and lobbying for change – particularly around carers' financial entitlements.

Jean emphasised that you can overcome – and that caring for an older person is both a privilege and an enriching experience. But that life can be very difficult for the carer unless they have good family support and a range of services for both the older person and the carer.

7.3   Key Messages about barriers to participation and reasons for social isolation

The reasons why people are unable to leave their home and get out to a range of services and activities are clearly important when assessing reasons for social isolation and loneliness.

This part of the research indicated the following:
- The most frequently noted factor – which older people said prevented or restricted them getting out and about – was health and mobility. Over half of those interviewed (55%) found their health and mobility was a significant factor in restricting or preventing them from getting out and about. For some individuals, whilst their health and mobility was poor, they said this didn't prevent them getting out;
- Fear of safety and security, together with interest and motivation were viewed as lesser factors. This is interesting given the level of emphasis put on safety and security as issues for older people;
- However, particularly in Ballymacarrett people also said that lack of information and having no-one to go with were relatively critical factors.

8 Research Findings - Encouraging participation/engagement and overcoming isolation/ loneliness

The Focus groups provided an opportunity to explore how certain factors prevented or restricted older people's ability (and interest) in getting out and about, and what services they would consider as a means of preventing and/or overcoming social isolation and resultant loneliness. Suggestions about particular services were then 'tested' at the interview stage.

8.1 Findings from Focus groups

Participants in the Focus groups made a wide range of suggestions around what they felt were the solutions to ensuring older people are less isolated and more socially connected in their communities. This included expanding the development of services viewed as good practice, and also seeking improvements in a number of areas of provision.

One of the participants had talked at the start of the Group about how loneliness creeps over you – towards the end of this Group this was raised again in terms of how this can be turned around with the right type and level of support.

You creep back – but you can go forward if you get the right support to do it...it's very hard to do it on your own – you have to be a very strong person to say okay I know I'm on my own now – nobody's going to come to me – I have to go and do it – it takes a lot of strength....need to fund a lot more people to go into people – who have the time.

When my husband died – my friends wouldn't let me stay in. Whatever was on they made sure I was there.

The following services and provision were highlighted as good practice.

Current Good Service/provision	Quotes
Sheltered housing provision – whilst there was recognition of the need for choice in housing, the benefits of living in sheltered housing were advocated in all three Focus groups and the meeting with CWA. Key benefits highlighted included having company, choice of activities, on-site Warden, safety and security, in some cases provision of meals and assistance with shopping	*We have a Coordinator – they would ring round every morning and check if you need anything – I say – No I don't need it... Some people think you're losing your independence – but you're not – you can close your door – you don't have to come out. I never thought I'd have gone in....my family are happier knowing that I'm in there.* *One thing you do find is that everyone does keep an eye out for everyone else.*
Befriending schemes – consensus that these are a good thing with real value for individuals living on their own, who do not or cannot attend older people's groups. As well as the value of	*I would see a lot of need for befriending schemes – especially for hospital appointments – perhaps someone getting cancer treatment. There are a lot of people who have no relatives – they were*

company/having someone to talk to, there was also discussion around having someone able to run a few messages. Concerns were voiced about the lack of funding, level of volunteers for befriending schemes, timescale of recruitment and induction, and the need for consistency in relation to dependency. Suggestion that these could be further developed or expanded via Buddy Schemes where old and young people are linked e.g. via schools and programmes such as the Duke of Edinburgh Award scheme.	*maybe never married – or they may have the odd one – but they're abroad.* *Befriending groups are fantastic – I (warden) find them great for people who would be totally isolated – these would be individuals who maybe haven't been into social settings – such as deaf people.* *What older people need is consistency – if my tenant needs that shopping – if that befriender doesn't turn up then there's no-one else can take her – so if there was more of them – because of the consistency and the high dependency.* St Vincent de Paul – *People are very lonely – we try to visit every fortnight – some weekly – but we're short of visitors....they just appreciate the talking. We might have 6 visits to do in a night – but we maybe only get 3 done. I used to have 10 members in my Conference and now we're down to four.*
Voluntary provision including church groups, luncheon clubs and other informal groupings for older people – these were viewed as a life-line for many, particularly those living alone and/or without family. Noted that service often went beyond actual group/luncheon and also involved transport to and from, ongoing informal contact and a feel of family support Feeling that there are enough groups for older people but that these may not be suitable/appropriate for all – e.g. raised that church groups are not suitable for all. Also noted that groups are often only monthly (some would like more) and stop from June to September.	*In our club – before someone new comes – I go round the members and say – so and so is coming – now make sure you welcome them – surround her with the friendship – but if someone comes and they're left to sit on their own then they're not going to come back.* *There are these things – but it's getting people to go to them, getting people out...it's not everyone's cup of tea.* *We go and collect people from their homes....if nothing else it means they don't have to go on their own...you don't have to walk in on their own. Also we have a wheelchair bus so we can bring people in wheelchairs.*
Door2Door transport – consensus that this is excellent and enables those less mobile to get out – and overcomes barriers such as distance from public transport, cost of taxis etc. Against this some criticism made of complicated forms to complete, option of having group forms for sheltered housing, limitations on eligibility – age and disability, where transport cannot go –	*All to do with who is financing what – they think the Health service should be taking patients to hospital.* *Also issues if you're in a wheelchair – they won't come into the house to get you out – you have to be out on the street.*

e.g. hospital appointments, being in a wheelchair	
Sharing of information – this was indicated as good practice in sheltered housing schemes and also in older people's groups and Networks (such as EWA supported groups). Against this there was concern that many older people – if isolated and living alone - do not have access to information themselves and/or may not be on any provider/service's radar as being in need of support or provision. Concerns were also raised about older people's access to information and services by phone – and being passed around Departments/put on hold.	*Sharing of information – such as did you get your heating money? They can come to me (Warden) confidentially... maybe they can't read anymore, maybe they could never read, maybe they just can't fill in forms. All of these wee obstacles are tiny – but they're massive to them and it's embarrassing to them.* *A lot of people don't know about these things at all – need for people to work together. There's a lot of isolated people who no-one knows about – they have always been very independent... people have a fear that the minute you get social services involved in your well-being – then everyone's at your door.*

The following areas were also suggested as provision that could assist older people in both getting out of their own homes and in preventing social isolation.

Further Suggestions	Quotes
More **phoning schemes** including Good Morning schemes. Consensus that this would support people living in their own homes and also ensure they are safe and well each day. Concern that such schemes are very regionalised and do not provide coverage across all of Northern Ireland. Also suggestion that these are as of much importance to active elderly and would also be useful for minority ethnic groups of older people.	*Phone-calls – it makes all the difference – it means something to them.* *Getting people phoning each other – talking to each other.* Good morning calls – very *If you have a home help and someone coming in 7 days a week that's good – but sometimes it's the active elderly who are more at risk – don't have any services coming in.*
Individual programmes rather than collective groups – recognition that not everyone wants to be part of an older people's group and also that they may want to do more specialist activities.	*Get them interested in gardening.* Develop a programme of window boxes *– something that people can get involved in which isn't about themselves – see things grow.*
Bus Trips – in discussion it was clear that bus trips remain a firm favourite with older people – reference was made to the lack of funds available with recognition that these couldn't been seen as free.	*I remember when our club first started people didn't talk much to each other – but after the first bus trip everyone was friendly...outings like that are a good way to bond – which you can't really do around a table or at meetings.*
Schemes to source **help/care** in the home – discussion around how older people want to remain in their own home (linked to above comments on	*They have their attendance allowance – but there is no-one they can trust to come in...often they say, I wish I could get someone in to help me – but there*

how they positively viewed their home) but lack of options and information around getting small amount of help coming in – in particular privately. Discussion around fact that Home helps can no longer do additional paid work. Also discussion around schemes to assist older people with maintaining their home and garden - similar to provision via the former ACE scheme.	*isn't really anyone will do this. It's not that easily accessible to get a private person to help – other than advertising in the paper. It's great if you have a family member or friend – but often it's hard to get someone to help out.* *If there was maybe something like the childminding register – so that you phoned up your social worker and said – I need….as long as it was regulated.*
Safety and security – participants suggested a number of things to increase actual and perceived safety – including more community police or wardens, Neighbourhood Watch schemes, alarms for all older people.	*Policing – there's no police about – in the old days the police walked the beat, they had a certain area and they patrolled it…they knew everything and people got confidence from that.* *The one thing that every older person living alone at home needs is a personal alarm.*

8.2   Findings from interviews

The interviews provided an opportunity to test out what older people (who are isolated) would think about different schemes and provision. Respondents were asked[54] about the following:

- Befriending schemes
- Door to Door transport schemes
- Good Morning phone schemes
- A register of help and carers

As outlined in the chart overleaf respondents tended to view the suggestions as being useful for older people in general – and less so, specifically for them.   This differential may be that older people tend to think they can continue to cope without such support or that their needs do not require such assistance.   The highest level of interest was in relation to the provision of a register of help and carers – with 60% of interviewees saying they would personally be interested in this.

Quotes from the interviews in relation to each proposed scheme are also outlined below.

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[54] *Now I'd like to talk about things that might help you live in your own home and also help older people in general feel less isolated and lonely.   Do you think any of the following are a good idea generally for older people – and would they be of specific interest to you?*

Views on usefulness of schemes

Reigster of help/carers

Good Morning phone schemes

Door to door transport schemes

Befriending schemes

Diferent schemes

Percentage interviewees

0 20 40 60 80 100

■ Useful specifically to older respondent

■ Useful to older people in general
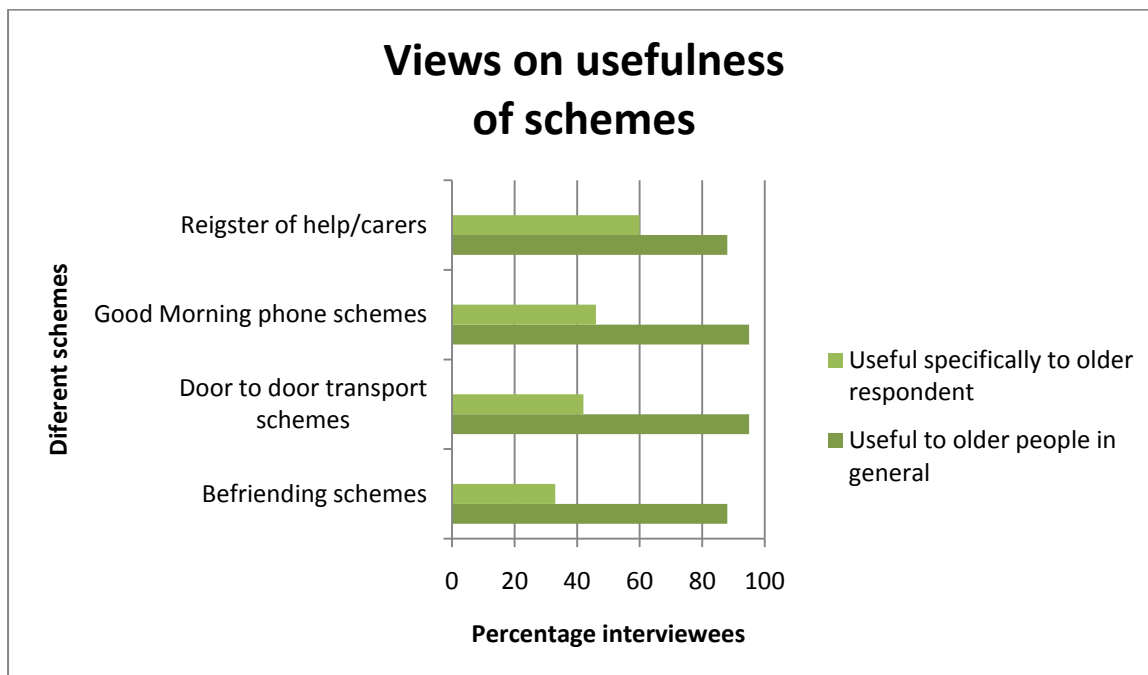
Befriending schemes

It depends – I would prefer someone I know coming to see me.   (Castlereagh)

Cousin has this – but person only comes every three weeks or so – not enough.   (Castlereagh)

No strangers – happier with TV.   (East Belfast)

Yes – it might be nice having someone call for a yarn.   (South Belfast)

Door to Door transport schemes
Yes, if I hadn't the car I would have to have that. (Castlereagh)
That would be handy for hospital appointments.   (South Belfast)

The need for support and assistance in using such a scheme was emphasised by a number of people:

If I had someone to go with me I would be interested in this scheme.   (East Belfast)

It is a good idea but I would need assistance.   (South Belfast)

Good Morning phone schemes
Yes, even a couple of days a week.   (South Belfast)

A register of help and carers
Yes it would be of interest to us if we need them.   (Castlereagh)
Yes, that would be useful.   (South Belfast)

The discrepancy between older people viewing particular schemes as being generally useful and on the other hand not seeing them as necessary for them is well illustrated by the following case-study, where the desire (and perhaps need) to uphold and continue independence is outlined.

Case-study

David is in his late 80s and lives on his own in a substantial private property in East Belfast. The house is somewhat cluttered and unkempt – a factor that doesn't appear to bother David.

His wife has been dead for some years and they had no children – his only family contact and support now is a nephew who lives in the West of Ireland – but does continue to visit and do what he can to help for example, cutting hedges.

David appears to be clinging on to his independence by a fine thread.   He continues to run a car (albeit that he has down-sized to a smaller car) and this is a key mechanism for maintaining his independence.   *I have a friend in Holywood so I would see them quite often....we usually go out for our lunch...I'm down there about 3 times a week.   But apart from that I just go up to the shops.*

David appears to understand that he will be forced at some point to receive external support and care – something which he proudly at this stage indicates that he has avoided.   Speaking about this was clearly difficult for David – and he talked about his university education and academic career, and there was a sense that he felt it is hard that life has come down to his current situation.   *That's the one thing – I can't get used to people wanting to do things for me...it's ironic that I was involved at the University of the Third Age (as a tutor/counsellor) – they asked me if I would like to do a doctorate on coming into older age and further education.*

I had a very slight stroke about 8 years ago – the only problem I have is with my speech – everything else was perfect – sometimes I can't think of a word which is very embarrassing, especially when I spent 45 years teaching.

In terms of external help and support David talked about his frustration - *it frustrates me to have one of these* – (alarm).   When asked if Social Services were in touch with him David said *Too much I think – but maybe I'm being a little bit unfair...sometimes I wonder if I'm one of the grumpy old men.*   David presented as an older man who wanted to be listened to and to make his own decisions about his care and living accommodation.

Despite his living conditions and the apparent lack of external support and assistance David presents as a contented man.   He continues to enjoy his life-long hobbies of pigeons *I still have two lofts of pigeons – just about 20 birds left* – and keeping fit.   However, as a life-long dog owner and breeder he is saddened that his last dog died recently – he misses walking it and its companionship – and said that he sometimes felt depressed.

8.3 Key Messages about encouraging participation/engagement and overcoming isolation/ loneliness

Older people's views on the range of current and potential methods of preventing and overcoming social isolation and resultant loneliness are important in discussions around service planning and resource allocation.

This part of the research indicated the following:
- A range of services and provision which are considered to be good practice – by older people themselves. These included sheltered housing provision, befriending schemes, voluntary provision including church groups, luncheon clubs etc., Door2Door transport, information provision etc.
- Interviewees tended to view the various suggestions as being useful for older people in general – and less so, specifically for them. This differential may be that older people tend to think they can continue to cope without such support or that their needs do not require such assistance. The highest level of interest was in relation to the provision of a register of help and carers – with 60% of interviewees saying they would personally be interested in this.

9 Conclusions and Recommendations

This study has provided some interesting feedback and data relating to three wards – Ballymacarrett, Ballynafeigh and Newtownbreda – within East and South Belfast and Castlereagh.   Focus groups were undertaken with older people (and those representing older people) and interviews were conducted with 58 older people, who were identified or perceived to be socially isolated.

This section provides conclusions from the study and makes recommendations around how services could be best developed to take into account factors around social isolation.

9.1 Conclusions

Overall the demographics of the ageing population make interesting reading – the number of older people (as a proportion of the population) is increasing, as is the number of older people aged 75 and over with significant health, mobility and other issues.   In addition, with Government policy on community care, the number of older people living on their own in the community, will continue to rise.   Focus groups indicated the importance older people place on their feeling of home – whilst they do have concerns about safety and security, their home is a place of haven and comfort.

Living alone, social isolation and loneliness are three separate concepts and realities for older people – although often inter-linked and connected.   This study sought, in some small way, to identify and measure these factors amongst older people in the three wards identified, and this information has been outlined throughout this report.

Living alone

Out of 58 older interviewees 48 lived alone – in many cases this was through the death of their partner, with 43 of the sample being widowed.

Social isolation

The reality of being socially isolated was measured in part in this study via the range, number and type of people (if any) who physically call and/or phone older people.   Analysis of this information found that:

- All respondents had some form of caller – nearly one fifth (19%) of interviewees have daily contact from a family member including children, grandchildren, siblings and cousins.   Overall only 5% of people have no contact with family;
- Just over a half (57%) of people have contact with friends – conversely therefore, 43% of the older people interviewed have no contact with friends;
- Nearly half (48%) of respondents had someone from a voluntary organisation coming in to visit them in their own home – this was mainly churches/church workers.   However, the majority of these were occasional visits;

- Level of contact varied across the three ward areas with the highest level of daily contact in Ballymacarrett. Findings for Newtownbreda suggest that most people have a caller at least once a week, whilst analysis for Ballynafeigh suggests that whilst most people have a caller daily or 2 – 3 times per week, a small number have only occasional callers.
- There was a higher level of calls to the home made by statutory services in the Ballynafeigh area, whilst the highest frequency of callers from the private sector was in Newtownbreda – this included private cleaners, window cleaners, gardeners etc.
- The highest level of people phoning the older people in the study was family. Nearly everyone interviewed (97%) received phone-calls from family members – in three quarters (75%) of cases a phone call was received at least once a week;
- Three quarters (76%) of respondents said that friends phone them – however, one third of the total (33%) were occasional phone calls;
- Only one fifth (22%) of interviewees said they received phone calls from statutory services – and the majority of these were occasional (15% of the total interviewees);
- The highest level of older people receiving a daily phone-call was in Ballymacarrett.

Loneliness

This factor was measured in the study using a loneliness scale[55] in the interview schedule.   Analysis of these responses (whilst being treated with caution because of the low number and non-representativeness) found:

- There appear to be differences between the levels of loneliness reported by people grouped according to marital status with divorced/separated people experiencing the highest levels of loneliness followed by those who are widowed;
- Older people with poorer health tend to report more feelings of loneliness;
- There was no clear difference between average loneliness scores for men and women, and no clear trend found between age and loneliness in the study.

The original Dutch sample found the lowest average loneliness scores of 1 for older adults living with a partner, who also had a large social network. They also found the highest average loneliness scores of 4.9 among single divorced older adults with a small network. Our divorced sample has a mean of 8 and the overall average for the total sample examined (58 cases) was 5.78. These both indicate a higher level of loneliness, using this scale, but caution should be applied in the sense that this was not a randomly selected sample.

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[55] Ibid

Social connectedness
As well as looking at the level of incoming contact an older person has, and how they feel about themselves, the concept of social connectedness can also be assessed by looking at where older people go (and how frequently) and what barriers they might experience in terms of getting out and about.

Getting out and about
Whilst the majority of interviewees indicated that they did go out to the shops, significant proportions said that they did not go out to voluntary groups or statutory services.   In addition:

- One fifth (19%) of respondents never go to the shops.
- Nearly 4 out of 10 (38%) respondents said that they never went to local services – including Post office, library, hairdresser etc.
- A quarter of respondents (28%) said they never went to visit family – with a further 26% indicating that this was an occasional occurrence.   A number of individuals talked about transport and mobility issues and said that their family tended to come and visit them.
- A similar picture emerged for friends – with 53% saying that they would never visit friends and a further 10% saying only occasionally.
- Whilst 4 out of 10 respondents (43%) said they didn't go to church or church activities, a significant proportion said they attended church or church groups on a weekly or more basis (45%)
- Only one in five respondents regularly (monthly plus) attended a voluntary or statutory group or activity (21% and 19% respectively).

Older people's ability to participate and prevention of social isolation relies directly and to some extent exclusively on their ability to get out and about from their own home.   A number of factors and barriers were identified during the Focus group phase and these were tested during the interviews, with older people scoring them from 1 to 5, in terms of how much they impacted their ability to get out and about.   Factors/barriers to getting out and about included transport, health and mobility, having no-one to go with, lack of interest and motivation, fear of safety and security and other.

- Respondents indicated that health and mobility was the biggest factor in restricting and preventing older people getting out and about (40% of respondents answered '5' to this question).   A further 15% ranked this factor as '4'.   Taken together (55%) over half of those interviewed found their health and mobility was a significant factor in restricting or preventing them from getting out and about.
- 15% of respondents scored having no-one to go with as a '5'.
- One quarter of respondents indicated that lack of any or suitable transport restricted or prevented them getting out and about.
- Two thirds (67%) of people said that a lack of information did not prevent them getting out and about.   However, one fifth (21%) did say this was an issue for them.   In Ballymacarrett older people said that lack of information and having no-one to go with were relatively critical factors.

Encouraging social connectedness and preventing social isolation and loneliness

The Focus groups enabled a community development approach whereby older people themselves came up with the possible solutions to preventing social isolation. Four of these were then tested in the interview process as follows:

- Befriending schemes
- Door to Door transport schemes
- Good Morning phone schemes
- A register of help and carers

Interviewees tended to view the suggestions as being useful for older people in general – and less so, specifically for them. This differential may be that older people tend to think they can continue to cope without such support or that their needs do not require such assistance. The highest level of interest was in relation to the provision of a register of help and carers – with 60% of interviewees saying they would personally be interested in this.

9.2   Recommendations

Overall this mapping exercise has highlighted the different ways that older people can experience social isolation and that services to address this need to take into account the wide range of differences between older people's physical and social needs and wider issues around family/community support and where they live. Whilst in many cases people's practical and physical needs are being met, the survey highlighted that older people's emotional and social needs are often neglected.

The following recommendations are based on the findings of this mapping exercise:

Measuring and Assessing loneliness/social isolation
- Government should endeavour to measure loneliness in a wider sense, using internationally validated scales. For example, this should be done on an agreed and regular basis by Social Services and GPs. Findings from this should be used in assessments of need and the delivery of services.

Listening to older people
- The needs and wishes of older people should be taken into account in any service development and delivery. In particular, older people should have full opportunity to be part of any decision affecting their lives.

Contact with older people
- As well as direct face-to-face service provision, statutory services should endeavour to make more phone contact with older people on a regular basis – in order to prevent social isolation and to ensure the right type/level of services are going into a home.
- Older people's reliance on the phone should be recognised – and subsidy of phone and line rental considered.

- The importance and value of regular contact and taking time to talk and listen to older people should be further recognised by all sectors and providers. Voluntary providers – such as churches and local community groups – should be valued and resourced for the current work done with older people. Further development of such work should focus on those on the fringes of the community who are not actively engaged. In addition, the frequency and timing of voluntary provision should be expanded to cover critical periods e.g. May – September when there is often no provision. Government funding, resources and support should be provided to groups/networks providing such services.
- The importance of the role played by family and friends in older people's lives should be further recognised, with formal and informal mechanisms to further encourage this.

Services for older people
- Government policy and funding streams should recognise the value of innovation and "thinking outside the box" in the field of preventing/overcoming loneliness, for example in social networking between older people themselves, self help, as well as service provision like befriending schemes.
- Recognition should be taken of the barriers experienced by older people in getting out and about. Consideration should be made in relation to the accessibility of public transport, more Door 2 Door transport – availability and process of getting this, more information (which is readable and accessible), more buddying schemes.
- Government should consider developing a Register of help and carers for older people

Appendix 1   Snapshots of Wards for Mapping Exercise
This Appendix provides an overview of each Ward including map, socio-economic breakdown and an assessment of service provision (scale, type and nature) in each of the three ward areas.

East Belfast – Ballymacarrett
This ward in the Inner East area of East Belfast is classified as Urban and comprises two distinct districts separated by a peace line as follows:
- Ballymacarrett itself – which is almost entirely Protestant
- Short Strand – a small, predominantly Catholic enclave situated on the edge of East Belfast

Demography
On Census[56] Day 29th April 2001 the resident population of Ballymacarrett ward was 4942. Of this population:

- 25.4% were under 16 years old and 21.4% were aged 60 and over;
- 45.7% of the population were male and 54.3% were female;
- 50.7% were from a Catholic community background and 46.8% were from a 'Protestant and Other Christian (including Christian related)' community background;
- 41.1% of persons aged 16 and over were single (never married);
- 36.5 years was the average age of the population; and
- The median age at death was 73.0.

Deprivation
On the Multiple Deprivation Measure[57] ward level summary Ballymacarrett ward has an overall rank of 9 out of 582 wards. Wards with ranks of 58 or less are in the top 10% most deprived wards in Northern Ireland, this means Ballymacarrett, with a rank of 9, is within the top 10% most deprived wards. This includes factors relating to income, unemployment, health, housing, access to services etc.

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[56]   All Census data taken from NI Neighbourhood Information System – NINIS, www.ninis.nisra.gov.uk
[57]   Northern Ireland Multiple Deprivation Measure 2005 (NIMDM 2005).   All wards in Northern Ireland are ranked, 1 being the most deprived (Shankill in Belfast) and 582 the least deprived (Hillfoot in Castlereagh).

South Belfast – Ballynafeigh
The Ballynafeigh ward is located on the southern side of the Ormeau bridge and continues south to the bottom of the Saintfield Road and also encompasses the ground from the Annadale Embankment to the Ravenhill Road.   The ward is classified as Urban.

Ballynafeigh is considered to be an excellent example of a stable mixed community comprising Protestant and Catholic communities and also Muslim, Chinese and Indian and more recently eastern Europeans, including Polish.   In addition, the housing stock in the Ballynafeigh ward is made up of public (NI Housing Executive and Housing Association) and private (owner occupiers, private landlords and HMOs.

Demography
On Census Day 29th April 2001 the resident population of Ballynafeigh was 5,251. Of this population:

- 15.3% were under 16 years old and 15.1% were aged 60 and over;
- 46.5% of the population were male and 53.5% were female;
- 59.0% were from a Catholic community background and 33.2% were from a 'Protestant and Other Christian (including Christian related)' community background;
- 60.5% of persons aged 16 and over were single (never married);
- 35.1 years was the average age of the population; and
- The median age at death was 76.0.

Deprivation
On the Multiple Deprivation Measure ward level summary Ballynafeigh ward has an overall rank of 221 out of 582 wards.

Castlereagh – Newtownbreda

Newtownbreda was at one time a small village to the south-east of Belfast. The ward is now part of the Greater Belfast conurbation and the ward encompasses the wider area from Hydebank to the Saintfield Road and including the old village.   The area is primarily residential and middle-class with significant numbers of new houses and apartments completed over the last few years.

Newtownbreda has a neighbourhood dynamic with a primary school, secondary school, several shops and proximity to shopping centres and other services.

Demography
On Census Day 29th April 2001 the resident population of Newtownbreda was 2,554. Of this population:

- 17.6% were under 16 years old and 23.0% were aged 60 and over;
- 44.9% of the population were male and 55.1% were female;
- 30.7% were from a Catholic community background and 65.3% were from a 'Protestant and Other Christian (including Christian related)' community background;
- 34.2% of persons aged 16 and over were single (never married);
- 40.2 years was the average age of the population; and
- The median age at death was 81.0.

Deprivation
On the Multiple Deprivation Measure ward level summary Newtownbreda ward has an overall rank of 536 out of 582 wards.

Appendix 2   Letter to interviewees

Insert date - 2009

Dear Friend

My name is XXXX (insert name of EWA Development officer name).

Engage with Age is an organisation working on behalf of people over 50 and we are currently undertaking a study in East and South Belfast and Castlereagh to look at how older people are doing in their local community.   We are finding out about older people's lives and experiences at home, who they have providing services and what barriers they might have to prevent them getting out and about.

I am writing to ask if you would be interested to take part in this research – and we will contact you to discuss this over the next week or so.   Alternatively you can contact us on **insert nr.**

This would involve me coming to speak to you along with an older person's interviewer in your own home, and this would last about 30 minutes.   Anything that you tell us would remain completely confidential to this study and your name would not appear in any report.

Of course, you can say to me that you do not want to take part in the study. If you do not want to participate, it will not affect any services you receive in the community and/or your relationship with Engage with Age.

I invite you to help us in this study. The research will assist Engage with Age and the Government in finding out exactly what services older people need.

Yours faithfully,

EWA Development Officer

CONSENT FORM

Engage with Age Mapping Exercise –
East and South Belfast and Castlereagh

I (Name) ....

of (address)...

Agree with the following:

	YES (please tick)	NO
I have received enough information about this study, had an opportunity to ask questions and received satisfactory answers.	☐	☐
I am content that this interview is tape-recorded – I understand that the tape will be destroyed after the research is complete and that I will not be identified in any written report.	☐	☐
I understand that I am free to withdraw from this study • at any time • without having a reason to withdraw • Without it affecting my relationship with EWA	☐	☐

I hereby consent to take part in the above study, the nature and purpose of which, has been explained to me. Any questions I wished to ask have been answered to my satisfaction.

Signed .... Date

(Interviewer).. Date

EWA Interview schedule

Introduction
Engage with Age are conducting a study to find out a number of things:
• How older people manage in their home
• Who older people have providing services
• What barriers older people might have to prevent them getting out and about

1   Contact with people
Do any of the following people call with you? (unprompted, then prompted, then ask frequency)

Note – use show cards as appropriate below.   Also do all questions relating to each group of people before moving to next group.

People	**Unprompted** Do family (insert other people) call - Yes or No?	**Prompted** And who specifically is it? **Record specifically who from each category – use show card 1**	And how often do they call? **Frequency of calling (note highest level)** – Daily, 2 – 3 times per week, once per week, monthly or more, never **Use show card 2**
Family			
Friends			
Statutory services			
Private services			
Voluntary services			
Other			

Who else would call with you – who we haven't mentioned above?
Record below or above – if fits into any of the categories

Do any of the following people phone you? (unprompted, then prompted, then ask frequency)

People	Unprompted Do family (insert other people) phone you - Yes or No?	Prompted And who specifically is it that phones? Record specifically who from each category – use show card 1	And how often do they phone? Frequency of phoning (note highest level) – Daily, 2 – 3 times per week, once per week, monthly or more, never Use show card 2
Family			
Friends			
Statutory services			
Private services			
Voluntary services			
Other			

Who else would call with you – who we haven't mentioned above?
Record below or above – if fits into any of the categories

2   Getting out and about

And now some questions about how often and where you go out to?   I have a list of places older people might go out to and I'll ask if you go to any of these and if so – how often?
Note – use show cards as appropriate below

Place	Unprompted Do you go to the shops? (insert other places) Yes or No?	Prompted And where specifically do you go? **Record specifically where from each category – use show card 1**	And how often do you go there? **Frequency (note highest level)** – Daily, 2 – 3 times per week, once per week, monthly or more, never **Use show card 2**
Shops/shopping			
Other local services e.g. Post office, library			
Family			
Friends			
Church services/ activities			
Holidays/outings/leisure activities			
Other voluntary groups/providers			
Statutory groups/providers			
Other – probe for details – see question below			

Where else would you go out to - which we haven't mentioned?
Record below or above – if fits into any of the categories

3   Sometimes it's hard to get out and about.   **Which of the following factors restrict or prevent you getting out?**   (Unprompted and then prompted)

And to what degree does this factor restrict or prevent you getting out?

Factor	Unprompted Does transport restrict or prevent you getting out? (insert other factors) Yes or No?	Prompted And what specifically restricts or prevents you getting out? **Record specifically for each category – use show card 1**	Level of **restriction/prevention** where 1 is very low occurrence to 5 is very high level **Use show card 2**
Transport			
Health and mobility			
No-one to go with			
Interest and motivation			
Fear of safety and security			
Lack of information			
Other – probe for details – see question below			

What other factors do you feel restrict or prevent you getting out – which we haven't mentioned above?
Record below or above – if fits into any of the categories

4   How you feel about yourself

I'd like to talk now a bit about how you feel generally about yourself.   I have a series of statements which I'll read out – and if you can indicate to me on this scale (Show cards for question 4) how much you think the statement describes or relates to you.

(100% is fully agree and 0% is do not agree at all)

Statement	Degree to which agreed? (Record)
There is always someone I can talk to about my day-to-day problems	
I miss having a really close friend.	
I experience a general sense of emptiness	
There are plenty of people I can lean on when I have problems	
I miss the pleasure of the company of others	
I find my circle of friends and acquaintances too limited	
There are many people I can trust completely	
There are enough people I feel close to	
I miss having people around me	
I often feel rejected	
I can call on my friends whenever I need them	

5   Living in your own home

Now I'd like to talk about things that might help you live in your own home and also help older people in general feel less isolated and lonely.   Do you think any of the following are a good idea generally for older people – and would they be of specific interest to you?

Suggestion	Useful for older people in general?	Of specific interest to you?
Befriending schemes		
More door to door transport schemes		
Good Morning phone schemes		
Register of Help/Carers		

Notes for interviewers

Befriending schemes are when a volunteer from a charity or church comes to visit you regularly for a chat and maybe does some small jobs for you

Door to door transport schemes are available to you if you are over 80, are registered blind or are in receipt of attendance allowance or disability living allowance. You can order the transport by phone to take you to the shops, city centre or to visit family.

Good Morning phone schemes are when you can receive a phone call every morning from a local organisation just to check you are alright.

A register of help and carers is a list of volunteers who have been trained to give specific help and support to people when they need it.

6   All about you?

Finally I'd like to ask you some questions just about you. **(Note – these may have been observed or information provided earlier in the interview – if not specifically ask and record the following)**

Gender – record **Age** – record actual age/DOB	Male ☐ Female ☐ Age?
Type of housing – record one of options on right. Also record if part of a sheltered or warden controlled scheme.	Owner occupied ☐ Private rented ☐ Public sector – Housing Exec ☐ Public sector – Housing Assoc ☐ Sheltered/warden scheme: Yes ☐ No
Marital status – record one of options on right.	Single (never married) ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
If widowed – record how long?	
Household composition – record one of options on right.	Living alone ☐ Living with spouse/partner ☐ Living with child(ren) ☐ Living with sibling ☐ Living with other
Health – ask specific question and record accordingly: Compared to other people your age would you say your health is poor, fair, good, very good or excellent?	Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent
Education – what level of education did you achieve? Record one of options on right. Also record age left school	Primary education ☐ Secondary education ☐ Vocational education ☐ University Age left school?
Caring status – are you a carer? If yes – who for?	Yes ☐ No Record who for?
Record postcode	

Appendix 5   Profile of interviewees

Profile	East Belfast Ballymacarrett (Total 20)	South Belfast Ballynafeigh (Total 19)	Castlereagh Newtownbreda (Total 19)	Total (Nr. 58)	%age of total[58]
Gender					
Male	5	9	7	21	36%
Female	15	10	12	37	64%
Total	**20**	**19**	**19**	**58**	**100%**
Age					
59 and below	0	0	0	0	-
60 – 69	2	4	2	8	14%
70 – 79	7	7	4	18	31%
80 – 89	7	6	8	21	36%
90 plus	3	1	3	7	12%
Not known	1	1	2	4	7%
Total	**20**	**19**	**19**	**58**	**100%**
Type of housing					
Owner-occup	7	5	18	30	52%
Private rented	0	1	0	1	2%
NIHE	7	8	0	15	26%
HA	6	5	1	12	21%
Total	**20**	**19**	**19**	**58**	**100%**
Sheltered/Warden Scheme					
Yes	5	5	2	12	21%
No	15	14	17	46	79%
Total	**20**	**19**	**19**	**58**	**100%**
Marital status					
Single (never marr)	1	1	0	2	3%
Married	1	1	4	6	10%
Divorced	2	1	0	3	5%
Separated	1	3	0	4	7%
Widowed	15	13	15	43	74%
Total	**20**	**19**	**19**	**58**	**100%**
Length time widowed (Range)	5 – 37 years	1 – 35 years	1 – 24 years	-	-

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[58]   Totals do not all tally to 100% because of rounding

Profile	East Belfast Ballymacarrett (Total 20)	South Belfast Ballynafeigh (Total 19)	Castlereagh Newtownbreda (Total 19)	Total (Nr. 58)	%age of total
Household composition					
Living alone	18	17	13	48	83%
Living with spouse/partner	1	1	4	6	10%
Living with child(ren)	1	-	1	2	3%
Living with sibling	-	-	-	-	-
Living with other	-	1	1	2	3%
Total	**20**	**19**	**19**	**58**	**100%**
Health – self assessment[59]					
Poor	3	6	4	13	22%
Fair	11	8	6	25	43%
Good	1	5	3	9	15%
Very good	3	0	3	6	10%
Excellent	2	0	2	4	7%
No response	-	-	1	1	2%
Total	**20**	**19**	**19**	**58**	**100%**
Age left school					
13 and below	1	3	0	4	7%
14	13	11	9	33	57%
15	3	-	3	6	10%
16	2	2	2	6	10%
17 plus	1	3	4	8	14%
No response	-	-	1	1	2%
Total	**20**	**19**	**19**	**58**	**100%**
Caring status					
Yes - wife	-	-	2	2	3%
Yes – husband	-	-	-	-	-
Yes – other/not identified	1	1	1	3	5%
No	19	18	16	53	91%
Total	**20**	**19**	**19**	**58**	**100%**

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[59]   Compared to other people your age would you say your health is poor, fair, good, very good or excellent?

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